

S I X T H

ANNUAL REPORT OF THE TRUSTEES

OF THE

STATE LUNATIC HOSPITAL

A T W O R C E S T E R .

DECEMBER, 1838.

Boston;

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SIXTH ANNUAL REPORT

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TRUSTEES OF THE STATE LUNATIC HOSPITAL.

DECEMBER, 1838.

To His Excellency EDWARD EVERETT, Governor, and the Honorable Council:

THE Trustees of the State Lunatic Hospital, at Worcester, in compliance with the provisions of law, hereby submit their Sixth Annual

R E P O R T:

On no former occasion, have circumstances so auspicious, attended the performance of this duty. One fact of a most gratifying character exists now for the first time. This institution is substantially complete in all its parts. The bounty of the Legislature, from time to time most liberally bestowed, has enabled the Trustees to supply all those accommodations and appendages which, by promoting the curative processes of such an establishment, are essential constituents of a perfect whole.

During the first two years of the existence of this institution, its utility was proved to the satisfaction of the people of the Commonwealth. In that brief period of time, almost three hundred insane persons, comprising a class of cases more hopeless and deplorable than were ever before collected together, were received at the Hospital. Of this number, about one hundred were restored to reason, and the condition of the remainder greatly ameliorated. It was also ascertained during the same time, that a far greater number were still enduring

the various miseries of insanity, in garrets, cellars, cages, dens, and other places of solitude and privation. Applications made at the Hospital in behalf of these sufferers were necessarily rejected for want of room. Under these circumstances, the Trustees made an appeal to the Legislature to enlarge the institution. The appeal was successful. Two wings, capable of accommodating a hundred additional patients, were added,—one in each of the two succeeding years. Almost immediately after these wings were opened for the reception of patients, they were filled. During the two years following the application last mentioned, the Trustees again felt constrained to ask pecuniary aid for the purchase of land to supply the wants of the institution, and to furnish the means of healthful agricultural employment for the patients, as one of the best restoratives. They also requested funds for the erection of a chapel, where the religious feelings of the inmates might find some solace for their sufferings, a stimulus for their efforts at self-command, and those higher consolations of a spiritual nature which are underivable from any but a religious source. And, as might have been expected beforehand, religious motives have been found to give more energy to the thoughts and affections, than any others could have imparted. At the last session of the Legislature a further grant was made for the erection of an Infirmary, where the sick could have the comforts and alleviations appropriate to sickness, in apartments by themselves without disturbing others, and undisturbed by them. In no one instance, has any of these requests been refused or even delayed. They have been answered with a promptitude and in a spirit, which reflects the highest honor upon the Legislature, and exhibits their conduct as an example, worthy to be imitated by other States and times.

The Hospital is now possessed of a farm and garden containing about sixty acres of fertile and highly cultivated land, whose produce, during the last season, has exceeded the sum of eighteen hundred dollars in value. It has spacious and commodious rooms, where skill and kindness will, as far as possible, assuage the pains of disease and death. And that nothing may be wanting which can subserve the physical or spiritual welfare of this afflicted portion of our fellow-beings, it has a chapel in which a very large majority of all the inmates *do not forsake the assembling of themselves together* for public and social worship, every Sabbath day. In submitting this report, therefore, the Trustees have no further occasion to solicit the aid of the Legislature for buildings, appurtenances, or lands.

During the six years of the existence of this Hospital, eight hundred

and fifty-five insane persons have partaken of its remedial treatment. Of this number, three hundred and forty-four have recovered their lost reason. The residue, with few exceptions, have been reclaimed from a state of nakedness and filth; from ferocity, which assaulted relatives and friends with deadly intent; from melancholy, which poured itself out in continual tears, to a quiet, an orderly, and, to a great extent, a cheerful community, observant of the decorous usages of civilized life. And, in the opinion of the Trustees, the blessing of this success, great, manifold, precious, as it is, is hardly superior in value to a less obvious, though not a less useful and real result. At the time of the establishment of this institution, the common ideas, prevalent among the great mass of the sane community, were almost as unsound upon the subject of insanity, as the ideas of the insane themselves were upon other subjects. The general opinion entertained at that time was, that insanity is an affection of the mind, and not a disease of the body, and that it is produced by a direct visitation of Heaven, instead of being the consequence of some departure from the organic laws to which our nature is subject, which laws men can discover and obey. It was further the common belief, that the victims of this visitation of Heaven must continue to suffer its unknown and inexhaustible agonies, until rescued from them by another direct interposition of omnipotent power; instead of supposing it to be a malady, curable by such restorative influences, as have been graciously placed within our own control, and even susceptible of being prevented beforehand. So long as its causes were unknown, they could not be intelligently avoided; so long as it was supposed that the Giver of reason had withdrawn the bestowment, those appointed means would, of course, be neglected, upon the use of which the same Giver had made its restoration dependant. And in the mean time, while the friends of the maniac were idly awaiting divine interference, they would seek to secure themselves from his fury by such afflictive discipline and violence of restraint, as would only aggravate the disorder and eventually preclude all chances of recovery. Hundreds and hundreds of times has it happened, that if one, who understood the real causes and the appropriate treatment of insanity, had witnessed the contests which have been carried on for years, between the passions of a demoniac and the activity of friends striving, by imprisonment, stripes, drowning, to quell his rage, he would have been unable to determine which party was the most insane.

But the pre-eminent skill and success of the superintendent of this institution, manifested for the benefit of so many of our fellow-beings,

and in the midst of us all, have effected a deep change in public opinion. They have demonstrated that insanity is a physical disease; that it has its origin in certain natural causes, being induced by a violation of some of the organic laws upon which mental functions depend; that these causes are not mysterious and inscrutable in any peculiar sense; that they are capable of being recognized and understood, like the causes which bring on consumption or the gout; that insanity is a curable disease; that it is a disease far less dangerous to life than fevers usually are; that the means of effecting its cure have been graciously put into our hands; and finally, that not only the means of cure, but the ways of prevention, in ordinary cases, have been entrusted to us, accompanied by the responsibility of rightly using them. Insanity, therefore, is no longer to be looked upon as some vast, unknown, and awful minister of evil or judgment to mankind; as dreadful for its mysteriousness as for its actual terrors. It is not an evil to which one person is as much exposed as another; or to whose assaults any one is equally exposed at all times, and under varying circumstances. It is a calculable agency. We see why it befalls and how it may be averted. We see, that should we all obey certain laws, which are annexed to our being, and are the conditions of enjoying mental soundness, we should be exempt from its power; but we also see, that if we will transgress rules, to whose violation the dreadful consequences of insanity have been attached, it is as certain to befall us, as fire is to burn. The excellency of these discoveries is, that they convert a disease, once most formidable and appalling from its uncertainty, into a measurable and calculable agency,—an agency whose action can be put aside, in most cases, by adopting certain precautions; or can even be repelled, when expending its force upon us, by the application of certain known remedies. They make known, also, that there are certain indulgences, whose continuance is an infallible mode of bringing the full severity of its woe upon the transgressor.

The Trustees submit these remarks, not in the spirit of theorizing or speculation; but for obvious and practical purposes, as they will proceed to show.

As has been before stated, the causes of insanity have been discovered and classified. We propose to look at these causes from two different points of view.

First. In regard to their efficiency in prostrating the minds of men; that is, the relative proportions, in which these causes are found to contribute to this form of human suffering; and,

Secondly, The different degrees in which these causes are under *immediate* control ; that is, assuming them to be, to a very great extent, under human control, how soon can human intelligence, and human power diminish the number of the insane.

First. In regard to efficiency, the ascertained causes of insanity in the eight hundred and fifty-five cases at this Hospital, rank thus : 1, Intemperance ; 2, Ill health of all kinds ; 3, Masturbation ; 4, Domestic afflictions ; 5, Religious excitements ; 6, Loss of property and fear of poverty ; 7, Disappointed ambition ; 8, Injuries of the head ; 9, Use of snuff and tobacco. In a few cases, the cause of the insanity is unknown. Foreigners and citizens of other States, found insane in this, have occasionally been committed, whose histories could not be ascertained. Probably we should approximate the truth very closely in distributing the unknown causes, under the above heads, according to their relative proportions.

Secondly. But if we look at the causes of insanity, not in the order of their efficiency, but in that of their subjection to human control, their position will be materially changed. The great object at the Hospital is the cure of insanity or the mitigation of its sufferings. The great object of the State and of individuals should be its prevention. The Hospital is succeeding pre-eminently well in accomplishing the former ; what can be done by the State and by individuals to effect the latter purpose ?

Nearly one third part of the cases, which have been in the Hospital from the beginning, are cases either proximately or remotely, of *hereditary insanity* ;—that is, cases, when some near ancestor of the insane subject was insane, and has transmitted the disease to descendants, or rather, has communicated to the system of the descendants, a pre-disposition to contract that disease. This presents a large class of cases, to a great extent, beyond *present* control. One of the highest of human responsibilities was violated by the ancestors, in forming an alliance, when they bore a hereditary taint of insanity in the system, and the consequence of that violation is, that the descendants now exist with an organization pre-adapted to incur the disease. They are incapable of resisting such exposures to it, as to others, would be perfectly harmless. This class of cases now exists, probably to as great an extent as ever heretofore ; and year after year, victim after victim must come to fill the wards of the Hospital, and slowly to expiate an ancestor's transgression. We cannot now foretell, which of the descendants, in such cases, it will be, as we cannot foretell who will be injured, when

a gun is fired into a crowd of people. But the result is none the less certain, because we cannot now designate the sufferers, in whose persons an immutable law of the Creator is to be verified. While ancestors continue to violate this law, some portion of their innocent descendants must bear the consequences. The transmitted tendency, however, does not in all cases, and by virtue of its own inherent energy, produce the result. Some proximate cause is generally requisite ; some application by one's self of a torch to the train, laid by another. No means, therefore, either of prevention or of avoidance should be neglected. Still, however, this cause of insanity, so far as the present generation is concerned, is mainly beyond human control ; and should those to whom the dreadful heritage has descended imitate the conduct of their ancestors, the disease may be perpetuated in the lineage for generations to come.

After hereditary insanity, whose cause antedates even the existence of its victim, there are several other classes of cases, where the seeds of the disease are sown in childhood and youth to be developed in maturer years. Looking to proximate effects, in our efforts to mitigate this species of human woe, these causes, too, seem nearly beyond *present* prevention ; and hence to a great extent they may be set down as remediless. We refer to "ill health," "domestic afflictions," and "religious excitements."

Chronic ill health, extreme feebleness of constitution, or a debility in the vital powers, existing from childhood to middle life, can rarely be replaced by soundness of constitution and a healthful and vigorous performance of all the physical functions. In these cases, the conditions on which the Creator has made human health dependant have not been known, or have not been observed ; and the consequence is the existence of a class of persons, who in addition to all the other evils of ill health, are more or less liable to the loss of reason. The field of labor here is with the young. It is in the power of parents so to rear and educate their children as greatly to diminish the chances of their ever becoming inmates of a Hospital for the Insane. Motives arising from this source address themselves especially to all who have the superintendence of the physical or intellectual education of the rising generation.

In point of subjection either to individual influence or to the collective power of the community, the next cause is equally beyond *immediate* control. All are liable to "domestic afflictions," and those whom we admire for the disinterestedness and fervor of their attachments ;—

those, whose natures are so formed, that the existence of a friend is a boon more precious than their own life,—are most liable to be overwhelmed in the day of bereavement. The only way to obviate this cause of insanity is to cultivate throughout the community such just views of the government and attributes of God, as will tend to reconcile its members to the wise ordinations of Providence.

Nor does the third cause, above mentioned,—that of “religious excitements,” appear to be more within the remedial control of society. How wide from the appropriate office of religion it is to cause insanity,—to carry human beings backwards, as it were, from the knowledge and the contemplation of their Creator, instead of aiding their approaches towards Him! Why then, should it produce this effect! Why, in less than six years, should it have sent seventy persons to this Hospital for the Insane! It can only be because its motives and its sanctions have not been rightly addressed to individuals; or because those individuals have widely misapprehended the true nature, office, and power of religion. There seems, then, little reason to anticipate, that either of these three causes of insanity will be materially diminished, until juster notions of our human condition, duty, destination, shall pervade those portions of society, where error is now preparing its victims to become insane.

There are one or two other standing causes of insanity, which fall nearly into the same class as the preceding, but as the effects are not numerous, we shall pass them by.

But the cause of insanity, which ranks as the third in point of power to deprive its victims of reason, is perfectly within human control and that *immediately*. This form of insanity is suffered by the young. It differs from other forms, in two material respects. Before it is incurred, the way of prevention is perfectly certain; afterwards, its cure is almost impossible. No one need ever suffer it, unless he so wills; but when once infatuation has brought it on, it is too fatal to admit a second offence. It is not only most certain in its activity, but above all other kinds of insanity, it stamps its victims with every abhorrent and loathsome stigma of degradation. Such is the nature of this dreadful form of insanity, and the singleness and certainty of the cause from which it proceeds, that we feel perfectly authorized to say, if medical men, parents and teachers of youth, would do their duty on this one subject to the rising generation, this frightful and prolific cause, which stands the third upon the list in point of destructive efficiency, would substantially cease, in a single year. It is the vice of ignorance, not of depravity. The sufferers are, personally, less offenders than victims; but the wel-

fare of the Hospital and the interests of humanity imperatively demand, that something should be done to rescue the most moral, conscientious, and sometimes the most promising youth of the State, from the mind-wasting ravages of an indulgence, of whose terrible consequences they have never been forewarned.

So, too, intemperance is another cause of insanity susceptible of *immediate* and final suppression. This stands at the opposite end of the scale, compared with hereditary insanity. One descends, the other is self-inflicted. In all the ascertained and proximate causes of insanity at this Hospital, intemperance stands out prominently and alone, as the most successful agent in the overthrow of human reason. One other cause, that of "ill health of all kinds," exhibits a small fraction more than two thirds as many victims as intemperance. The next most prolific cause is the one last above spoken of, and which is susceptible of being prevented at once. After these two, there is no other which sends half so many inmates to the Hospital as intemperance. Here, therefore, we meet with a calamity, self-produced by the sufferer. He is not brought into the world, exposed, though innocent, to the sorest of human misfortunes, compelled to bear infirmities not his own, and to expiate offences, committed by his ancestors. But he is the voluntary procuring cause of his own fate ; and the punishment he suffers looked him in the face, during the transgressions which incurred it. But though this fact ought to supply adequate motives to all for resisting this form of temptation ; yet it is not so much on account of the sufferers themselves, as on account of others, that the Trustees here refer to it. They will now proceed to show how these two last classes of cases, which might be immediately prevented, bear upon the other classes, which are not the subjects of immediate prevention.

The number of the insane differs greatly in different countries. The disease is confined almost wholly to civilized nations. Among the savages of North America and of Africa it is rarely known. It is uncommon among the half-civilized nations of Asia. But it prevails to a great extent in England, France, Germany, Norway, Holland and the United States. According to the latest compiled tables, the United States rank as the fourth, among civilized nations, in the proportion which the insane bear to the whole population ; their proportion being exceeded in Norway, Scotland and England only. The proportion in this country is set down at one in eight hundred. This proportion would give nearly nine hundred insane persons to Massachusetts. Owing to the cures, however, which have been effected at Charlestown and at this place, the last mentioned number must be considerably too large. Yet a great

number of applications for admission at this institution has been rejected every year, since its opening. And, although there are now (Dec. 31, 1838,) in the Hospital forty-three more inmates than there were a year ago, yet, during this year, we have been obliged to shut our doors upon not less than ninety of our afflicted fellow-beings, in whose behalf application has been here made for admission. Supposing, however, that the whole number of insane persons in Massachusetts is only about six hundred, the existing accommodations for their suitable treatment are wholly inadequate to the wants of the State. There should not be at this institution more than two hundred and twenty patients. The institution at Charlestown will not ordinarily have more than a hundred and twenty more. A new Hospital at South Boston, erected by the city, and now almost completed, is designed for but about seventy more. When that institution is occupied, there will still be a deficiency in accommodations for about two hundred of this unfortunate class of our fellow-beings.

This leads us to speak of another fact, most important in this connexion. Insanity, though generally speaking one of the most curable of diseases, if seasonably attended to, becomes, when inveterate, one of the most intractable and hopeless. The twelfth Table of the Superintendent shows that upon the proper and usual basis of computation, the proportion of cures at this Hospital, in recent cases,—that is, in cases of less than one year's duration at the time when received,—is ninety-four per cent. ; while the proportion of cures in cases of more than five years' duration, has been only twelve and a half per cent., and in cases of more than ten years' duration, only three and a half per cent. Or, to present the same fact in another striking point of view, the proportion of the old cases, remaining at the end of this year, is about eighty-seven and a half per cent. ; while the proportion of recent cases remaining at the same time, is only twelve and a half per cent.

In order to present this subject, strictly, as a pecuniary or economical matter, the Trustees requested the Superintendent to prepare a separate table, (see Table 18,) showing the actual expense of twenty of the earliest cases received at the Hospital, which, owing to the duration of the disease, when admitted, were incurable, and therefore still remain ; and doubtless will continue a charge upon the State as long as life lasts. These cases are not selected, but are taken in their order. They are the first twenty cases of admission, which now remain. Their expense, before admission, is computed at only *one dollar and fifty cents* a week. These cases have already cost the Commonwealth

fifteen hundred and fifty 25-100 dollars each. On the other hand, and as a contrast to the above, the table shows the actual expense of the last twenty cases, which have been discharged from the Hospital, cured. It amounts only to *forty-seven 50-100 dollars* each. Hence it appears, that the expense already incurred for taking care of twenty cases, which, from neglect, had been suffered to run on until they became incurable, has been more than thirty-two times greater than the expense of the same number of cases, for which early and proper provision was made. The recent cases are now well; the old ones will doubtless continue a charge through life. However extraordinary it may appear, it is still true, that taking an average chance for cures, it would have been a pecuniary saving to the State to have taken seasonable care of these old cases, though at an expense of *eighty* dollars a week, rather than, by neglect, to have incurred the necessity of supporting them, even up to the present time.

Another aggravation of intemperance, considered as a cause of insanity will appear from the following fact. Almost all cases of insanity, originating in this cause, are ferocious and dangerous, and hence its subjects are arrested and committed at once, in order to save the lives and property of the community from the peril of their being at large. Insanity arising from other causes is usually less violent and frantic, and the subjects of it are therefore postponed to make room for the intemperate; that is, under our system, the claims of him who has made himself a voluntary demoniac are preferred to the claims of those who came innocently by a pre-disposition to the disease. The criminal exclude the innocent; and guilt is made a passport to privileges denied to misfortune.

Again, it will be seen on inspection of Table 14, that the intemperate insane furnish a less proportion of cures, than any other class except one. Thus they occupy the rooms of the Hospital earliest; they retain them longest; they virtually close the doors of the Hospital against other cases of a recent date, and by thus postponing the admission of such cases, to a later period, deprive them of the chance they otherwise would have enjoyed of a restoration to reason, to society, to their families.

Now, were it not for the two classes last above mentioned, in which the insanity is caused by the misconduct or guilt of the sufferers themselves; the liberal means provided in the State would, in a short time, it is believed, prove sufficient for the relief of its insane citizens.

In administering the affairs of the institution, a painful necessity has from time to time been imposed upon the Trustees, of remanding to the jails and houses of correction of the respective counties whence they came, a large number of the inmates, in order to make room for the more ferocious, committed by the courts. In all, seventy-three persons have been discharged from the Hospital, solely for want of room. This number is greater than that originally received from the jails, houses of correction and poor houses, when the Hospital was first opened. It will be seen, therefore, that the class of persons for whose relief it was primarily erected, and who otherwise might have participated in its privileges, have been excluded from time to time to make room for two classes of persons who have brought their insanity upon themselves by their own misconduct or crimes. In removing a part of the inmates to give accommodations to the two last named classes, the Trustees have made no discrimination between those whose insanity was occasioned without any fault or offence of their own, and those upon whom the disease was self-inflicted. This being a test not prescribed by the Legislature, they have not felt themselves authorized to apply it.

The Trustees have pointed out the above distinctions between the different causes of insanity for another reason of great practical importance. Not only is insanity regarded by the community at large as one of the greatest afflictions to which our nature is liable, but it is looked upon by some as a malady which brings disgrace as well as suffering. Instances have come to the knowledge of the Trustees, where a family has resorted to various devices, for a length of time, to conceal the insanity of one of its members; supposing that if the fact were known, it would affix a reproachful stigma upon the character of the unfortunate sufferer. In this way, the best season for recovery has been lost. But as soon as it is generally known, that the causes of insanity are various; that some of them are voluntary, others involuntary; that some of them are as free from the slightest suspicion of wrong or dishonor as any epidemic can be, while other cases are wholly referrible to the previous fault or crime of the sufferers themselves, the whole subject of insanity will be presented in a moral aspect, entirely new. Those upon whom the disease has been entailed by their ancestors, or who suffer under it from causes beyond their own control, will be regarded with deep and genuine pity; while such as are the direct authors of their own melancholy fate will be regarded—with pity it is true, but not unmixed—with condemnation.

The Trustees hope it will not be without practical results, to state

that great embarrassment, and sometimes serious evils, have ensued from the importunate demands of the friends of the insane, or of the towns which support their insane poor at the Hospital, to have a discharge granted, before a recovery is fully confirmed. It often happens that a patient, under the influence of the unsurpassed medical and moral treatment of the Superintendent, is shortly relieved from the external and obvious symptoms of insanity, while his recovery is yet imperfect, and if carried back to the scene of the exciting causes, a relapse would be almost inevitable. In this unconfirmed state, such patients are visited by their friends, or by some agent of the town where they belong, who, on perceiving their apparent exemption from the former indications of disease, insist upon an instantaneous discharge ; and sometimes communicating their own views to the patient, they excite in him so strong a desire to be returned to his home and friends, as to make an enforced stay almost as dangerous as a premature removal. Under such circumstances, it is in vain to reason and to remonstrate. When the desire of being discharged is excited, the mischief is done. Six cases of this kind have occurred within the last year. A relapse has ensued, and after a few weeks, the patients have been returned in a worse condition than at first. Considering the painful necessity the Superintendent and the Trustees are under, of refusing so many earnest solicitations for admission to the Hospital, the public ought to be satisfied, that in every case, they will volunteer the discharge of a patient at the earliest hour, when, in the exercise of their best judgment, they believe it can be done with safety.

The Trustees would also, with a loud and earnest voice, call the attention of the public to the utility, to the humanity, to the necessity, of attending to the earliest indications of insanity, in whatever form they may appear. We trust that what we have said in relation to the causes of insanity will not be without avail, in diminishing both their number and their efficiency. The remarkable difference, now established by the experiments of six years, between the curability of old and of recent cases, admonishes the community never to suffer the favorable season for recovery to pass by unimproved. If the broad avenues through which this formidable enemy makes its attacks, are still left open ; if it is permitted to make unresisted incursions into the domains of the soul ; then, when the citadel of reason is first seen to totter under its assaults, and the pillars of judgment are shaken and torn from their places, and the passions are set on fire to consume all the treasures of joy and of hope, which have been garnered up for years ;—then,

let all of human energy and alertness be instantaneously put forth to rescue the scene from total and remediless desolation.

The Trustees herewith submit the annual report of the Treasurer of the Hospital, from which it will be seen that its pecuniary concerns are in as favorable a condition as ever before. Since the enlargement of the institution, the duties of this officer have greatly increased. They have always been performed with the most exact and conscientious fidelity.

The report of the Superintendent, also, accompanies this. It is a document of extraordinary interest and value. While the Trustees would make honorable mention of all persons filling subordinate stations at the institution; they would ascribe its unexampled prosperity, to the assiduity and the skill, the talent and the benevolence of its presiding officer.

To supply the vacancy, which annually occurs, in consequence of the law that forbids an immediate reappointment of the senior member of the Board, the Hon. Edward D. Bangs, was commissioned as one of its members, at the commencement of the current year. That gentleman had attended a meeting for the organization of the Board and had made one or two of the monthly visitations of the Hospital, when, in March last, he was suddenly removed by death. It would be in vain for the Trustees, by any passing encomium of theirs, in this place, to attempt to add any thing to the reputation of a man, so universally known, as was Mr Bangs, and so highly respected by all who knew him. But without recurring to the excellence of his character in private life, or to those offices of dignity and of trust, which he so long, so ably and so acceptably filled; the Trustees cannot refrain from recording, in this place, the expression of their deep regret, that this institution should have lost a friend, who was so eminently qualified, by his knowledge of affairs and by his lively sympathy for the unfortunate, to advance its prosperity, and to obtain in its behalf the favorable regards of the public.

HORACE MANN,
STEPHEN SALISBURY,
ABRAHAM R. THOMPSON,
MYRON LAWRENCE,
WILLIAM LINCOLN.

WORCESTER, *Dec. 31st, 1838.*

SIXTH REPORT

Of the Superintendent of the State Lunatic Hospital, Worcester, Mass., from December 1st, 1837, to November 30th, 1838, inclusive.

No.	Time of admission.	Present Age.	Sex.	Married or Single.	Supposed Cause.	Duration before admission.	By whom committed.	Time spent in the Hospital.	Discharged or Remains.	In what state.	Hereditary. Periodical. Suicidal. Homicidal. Remarks.
	1833.										
2	Jan'y 22	64	Male	Widower	Fanaticism	17 years	The Court	70 months	Remains	Not Improved	Homicidal. Laborer.
3	do 22	32	do	Single	Wound on the Head	3 years	do	70 months	do	do	Demented.
6	do 28	40	do	Widower	Intemperance	6 years	do	70 months	do	do	Homicidal. Laborer.
7	do 29	42	do	Single	do	6 years	do	64 months	do	do	Disease, Inflammation of
8	do 29	58	do	do	Unknown	10 years	The Legis.	70 months	do	do	do [the bowels.
9	Feby 5	71	do	Widower	Loss of Property	28 years	The Court	69 months	do	do	do Laborer.
12	do 15	40	do	do	Intemperance	14 years	do	69 months	do	do	do Hereditary.
18	do 18	66	Female	Widow	Unknown	23 years	do	69 months	do	do	do Laborer.
19	do 18	54	do	do	do	7 years	do	69 months	do	do	do Foreigner.
21	do 18	34	Male	Single	Masturbation	5 years	do	69 months	do	do	do Pauper.
24	do 27	73	do	do	Religious	15 years	do	69 months	do	do	do Pauper.
27	do 28	42	do	Married	Wound on the Head	5 years	do	69 months	do	do	do Writs poetry and sermons.
34	March 6	39	do	Single	Intemperance	4 years	do	68 months	do	do	do Laborer. Foreigner. Pauper.
44	do 16	52	do	do	Unknown	16 years	do	68 months	do	do	do Laborers some.
45	do 16	55	do	Widower	Religious	14 years	do	68 months	do	do	do Homicidal. Demented.
56	do 28	40	do	Single	Hard Study	6 years	do	68 months	do	do	do Laborers well.
64	April 3	48	Female	do	Bad Temper	13 years	do	67 months	do	do	do Demented. Musician.
70	do 5	53	Male	do	Intemperance	10 years	do	67 months	do	do	do Epileptic. Demented.
73	do 5	63	do	do	do	10 years	do	67 months	do	do	do Hereditary.
101	June 5	46	do	do	Disappointed Ambition	10 years	do	65 months	do	do	do Disappointed Affection. Hered.
102	do	6	Female	do	Religious	14 years	do	65 months	do	do	do Labors well.
107	do	28	44	do	Jealousy	6 years	do	65 months	do	do	do Demented.
133	Oct. 19	39	do	Married	Ill Health	2 years	do	61 months	do	do	do do
147	Nov. 20	37	Male	Single	Intemperance	3 years	do	60 months	do	do	do do
176	Feby 19	49	do	do	Disappointed Affection	10 years	do	57 months	do	do	do do
177	do 14	44	do	do	do	20 years	do	57 months	do	do	do do
											Poet and moral writer.

STATE LUNATIC HOSPITAL.

STATE LUNATIC HOSPITAL.

TABLES—Continued.

No.	Time of admission.	Present Age.	Sex.	Married or Single.	Supposed Cause.	Duration before admission.	By whom committed.	Time spent in the Hospital.	Discharged or Remains.	In what state.	Hereditary. Periodical. Suicidal. Homicidal. Remarks.
441	1836. May	20	38	Female	Widow	2 years	The Court	30 months	Harmless	Not Improved	Demented. Periodical.
442	do	23	42	do	Single	2 months	do	32 months	do	do	Labors some.
451	June	28	42	Male	do	2 years	do	32 months	do	do	Demented.
452	do	29	58	Female	Married	17 years	do	31 months	do	do	Idiot from birth.
454	July	5	21	Male	Single	19 years	do	31 months	do	do	Plays cards, &c.; 3000 games annually.
455	do	5	62	do	Married	Unknown	do	31 months	do	do	Demented.
462	do	19	23	do	Single	2 years	do	31 months	do	do	Suicidal. Labors some.
474	Aug.	5	47	Female	do	5 months	do	30 months	do	do	Demented.
475	do	10	57	do	Married	5 years	do	30 months	do	do	Consumption. Hereditary.
481	do	19	47	do	Widow	10 years	do	24 months	do	do	Demented.
484	do	24	68	do	Single	10 years	do	22 months	do	do	Hereditary.
488	Sept.	22	32	Male	do	20 years	do	28 months	do	do	Demented.
493	Oct.	10	34	Female	do	10 years	do	26 months	do	do	Suicidal.
495	do	14	23	Male	do	1 year	do	15 months	do	do	Homicidal.
506	Nov.	19	32	do	do	4 years	do	25 months	do	do	Suicidal.
508	do	25	68	do	Widower	1 year	do	17 months	do	do	Disappointed.
511	Dec.	7	65	Female	Single	2 years	do	17 months	do	do	Recovered.
515	do	6	26	Male	do	14 months	do	24 months	do	do	Recovered.
1837.											
517	Jan'y	9	36	do	do	4 years	do	23 months	do	do	Epileptic. Hereditary.
518	do	9	22	do	do	3 years	do	23 months	do	do	do
521	do	11	24	do	do	2 years	do	20 months	do	do	do
524	do	18	47	do	Married	3 years	do	15 months	do	do	do
527	do	27	27	do	Single	7 years	do	23 months	do	do	Not Improved
532	Feb'y	8	64	do	Married	6 years	do	22 months	do	do	Recovered.
536	do	27	63	Female	do	15 years	do	14 months	do	do	Not Improved
538	March	7	29	Male	Single	3 years	do	21 months	do	do	Demented.
541	do	8	25	do	do	2 years	do	21 months	do	do	Foreigner.
543	do	8	36	Female	do	5 years	do	21 months	do	do	Periodical.
544	do	8	29	Male	do	2 years	do	21 months	do	do	Hered.
545	do	8	31	do	do	2 years	do	21 months	do	do	Labors well.
546	do	10	22	do	do	2 years	do	21 months	do	do	do

STATE LUNATIC HOSPITAL.

347	March	10	70	Female	Widow	Religious	-	Heredity.
551	do	20	33	Male	Single	Masturbation	-	Demented.
554	do	23	80	Female	Widow	Unknown	-	Heredity.
559	April	10	52	Male	Married	Intemperance	-	Periodical.
562	do	13	27	do	Single	Masturbation	-	do
567	do	24	50	Female	Married	Unknown	-	" Laborers well."
568	do	25	51	do	Single	do	-	Heredity.
569	do	29	45	do	Married	do	-	do
570	do	29	25	do	Single	do	-	do
571	May	1	34	do	Married	do	-	do
573	do	1	35	Male	Single	do	-	do
574	do	2	19	do	do	do	-	do
575	do	2	73	Female	Widow	do	-	do
577	do	14	29	do	Single	do	-	do
581	do	26	24	do	do	do	-	do
582	do	26	38	do	do	do	-	do
584	do	30	37	Male	do	Masturbation	-	do
585	do	30	45	Female	Married	Puerperal	-	do
588	June	7	57	do	Male	Domestic Affliction	-	do
589	do	7	22	Male	Single	Masturbation	-	do
592	do	19	17	Female	do	do	-	do
594	do	20	31	Male	Married	do	-	do
595	do	29	25	Female	Single	do	-	do
597	July	4	53	do	Married	do	-	do
601	do	8	49	do	Widow	do	-	do
603	do	11	37	do	do	do	-	do
604	do	13	27	do	do	do	-	do
605	do	13	38	Male	do	do	-	do
610	Aug.	2	49	do	do	do	-	do
611	do	2	66	Female	Single	do	-	do
612	do	5	61	do	do	do	-	do
613	do	6	57	Male	Married	do	-	do
614	do	10	44	do	Single	Masturbation	-	do
615	do	10	21	do	Married	Loss of Property	-	do
616	do	14	55	do	Single	Intemperance	-	do
617	do	15	30	do	do	Masturbation	-	do
618	do	15	23	do	do	Domestic Affliction	-	do
619	do	16	39	Female	Married	do	-	do
621	do	17	32	do	do	do	-	do
623	do	20	19	do	do	do	-	do

STATE LUNATIC HOSPITAL.

TABLES.—Continued.

No.	Time of admission.	Present Age.	Sex.	Married or Single.	Supposed Cause.	Duration before admission.	By whom committed.	Time spent in the Hospital.	Discharged or Remains.	In what state.	Hereditary. Periodical. Suicidal. Homicidal. Remarks.
	1837.										
624	August 26	16	Male	Single	Masturbation	3 years	The Court	8 months	Improved	Recovered	Periodical. Hereditary.
626	Sept. 1	61	do	Married	Religious	6 months	do	6 months	do	do	do
628	do 4	70	do	Widower	Intemperance	2 months	do	11 months	do	Improved	Periodical.
630	do 6	38	Female	Married	Domestic Affliction	6 weeks	do	3 months	do	Not Improved	Suicidal. Hereditary.
631	do 8	20	do	Single	Ill Health	2 months	do	14 months	do	do	Demented.
633	do 8	36	Male	do	Masturbation	1 year	do	14 months	do	do	Epileptic.
634	do 8	41	do	Married	Unknown	10 years	do	10 months	do	do	Demented.
635	do 9	34	do	Single	Masturbation	11 years	do	14 months	do	do	
636	do 11	21	do	do	Unknown	3 years	do	3 months	do	do	
637	do 16	37	Female	Married	Domestic Affliction	6 months	do	6 months	do	Recovered	Suicidal. Hereditary.
639	do 19	35	do	Single	Unknown	18 years	do	8 months	do	do	Periodical.
641	do 25	47	Male	do	Paralysis	2 years	do	10 months	do	do	
642	do 28	21	do	do	Intemperance	8 months	do	5 months	do	do	
643	do 28	20	do	do	Masturbation	9 months	do	13 months	do	do	
644	do 29	40	Female	Married	Domestic Affliction	2 years	do	3 months	do	do	
645	October 3	46	do	Widow	do	2 months	do	5 months	do	do	
646	do 3	32	do	Single	Ungoverned Temper	2 years	do	6 months	do	do	
647	do 3	45	do	Married	Ill Health	20 years	do	7 months	do	do	
648	do 5	48	Male	Single	Intemperance	10 years	do	14 months	do	do	
649	do 5	40	do	do	Masturbation	16 years	do	10 months	do	do	
650	do 7	27	Female	Married	Ill Health	6 months	do	7 months	do	do	
651	do 7	59	Male	Single	Intemperance	2 months	do	8 months	do	do	
652	do 10	24	Female	Married	Ill Health	3 years	The friends	7 months	do	do	
653	do 14	18	Male	do	Masturbation	6 months	The Court	4 months	do	do	
654	do 17	21	Female	do	Ill Health	3 months	The friends	6 months	do	do	
655	do 17	70	Male	Widower	Unknown	2 years	The Court	8 days	do	do	
656	do 17	40	do	Single	do	25 years	do	8 months	do	do	
657	do 21	32	do	Married	do	1 month	do	5 months	do	do	
658	do 22	23	Female	do	Puerperal	13 months	The friends	14 months	do	do	
659	do 25	25	do	Single	Masturbation	3 years	The Court	13 months	do	do	
660	do 26	23	do	Married	Puerperal	16 months	The Court	13 months	do	do	

STATE LUNATIC HOSPITAL

STATE LUNATIC HOSPITAL.

TABLES—Continued.

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	1838.										
701	Jan'y	15	Female	Married	III Health	12 months	The Court	10 months	Remains	Improved	Hereditary. Suicidal. Periodical.
702	do	18	do	do	Family Trouble	6 months	do	3 months	Discharged	Recovered	do
703	do	18	Male	Single	Masturbation	2 years	do	10 months	Remains	Not Improved	Demented.
704	do	24	18	do	III Health	8 months	do	4 months	Discharged	Recovered	Hereditary.
705	do	24	35	do	Unknown	3 years	do	10 months	Remains	Improved	Periodical.
706	do	24	20	do	Family Trouble	6 months	do	10 months	Remains	Recovered	Labored well.
707	do	26	38	Female	Puerperal	8 months	do	3 months	Discharged	do	do
708	do	29	34	do	III Health	4 years	do	4 months	do	do	Suicidal.
709	Feby	1	45	Male	Intemperance	Unknown	The friends	4 months	Remains	Not Improved	Periodical.
710	do	5	55	Female	do	8 months	The friends	10 months	Discharged	Recovered	do
711	do	7	16	do	III Health	3 months	do	3 months	do	do	do
712	do	8	13	do	Epilepsy	1 year	The Court	4 months	do	Improved	do
713	do	9	53	Male	Intemperance	2 months	do	6 months	do	Not Improved	Epileptic.
714	do	9	30	do	Pecuniary Embarrassment	4 months	do	8 months	do	Recovered	Demented.
715	do	10	41	do	Religious Excitement	1 month	do	6 weeks	do	do	Labored well.
716	do	12	40	do	Intemperance	4 years	do	9 months	Remains	do	do
717	do	12	47	Female	Religious	10 months	do	9 weeks	Died	Recovered	do
718	do	15	69	Male	Intemperance	30 years	The Over's	5 months	Discharged	do	do
719	do	15	21	Female	Unknown	Unknown	The Court	9 months	Remains	Improved	do
720	do	15	51	do	do	do	do	do	do	do	do
721	do	15	36	do	Intemperance	20 years	do	9 months	do	do	do
722	do	21	42	Male	do	3 years	do	9 months	do	Recovered	do
723	do	23	17	do	Married	3 months	do	5 months	Remains	Harmless	do
724	do	24	36	Single	Epilepsy	10 years	do	5 months	Discharged	Recovered	do
725	March	5	30	Female	Unknown	4 years	The friends	6 months	Remains	do	do
726	do	6	49	Male	Parental Indulgence	5 years	The Court	9 months	Discharged	do	do
727	do	10	21	Female	Unknown	5 months	The friends	3 months	do	do	do
728	do	10	19	do	III Health	2 months	The Court	2 months	do	do	do
729	do	14	32	do	Domestic Affliction	8 months	do	5 months	do	do	do
730	do	24	53	Male	III Health	6 months	The friends	4 months	do	Recovered	do
731	do	24	20	Female	Pecuniary Embarrassment	11 years	The Court	10 weeks	do	do	do
732	do	31	62	do	Epilepsy	6 months	The friends	8 months	do	Harmless	do

STATE LUNATIC HOSPITAL.

STATE LUNATIC HOSPITAL.

TABLES—Continued.

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1358.	June 7	18	Female	Single	III Health	3 months	The Court	6 months	Recovered	Recovered	Epilepsy.
773	do 8	23	do	Married	Intemperance	20 months	do	2 months	Improved	Improved	Periodical.
774	do 8	68	do	do	III Health	7 years	The friends	7 weeks	Not Improved	Not Improved	Suicidal.
775	do 9	36	do	do	Puerperal	5 weeks	do	6 months	Improved	Improved	
776	do 9	25	Male	Single	Unknown	1 year	do	3 months	Not Improved	Not Improved	
777	do 9	38	do	Married	III Health	1 year	The Court	2 weeks	do	do	Mortification.
778	do 13	34	Female	Single	do	4 years	do	5 months	Improved	Improved	
779	do 14	65	do	Widow	Domestic Affliction	4 years	do	5 months	Not Improved	Not Improved	
780	do 14	65	do	Single	Masturbation	2 months	The friends	4 months	Recovered	Recovered	
781	do 15	20	Male	do	III Health	6 months	The Court	5 months	Improved	Improved	
782	do 16	42	Female	do	do	3 months	do	5 months	do	do	
783	do 16	32	do	Married	Domestic Affliction	4 months	do	4 months	Recovered	Recovered	
784	do 17	53	Male	Widower	Religious	3 months	The friends	4 months	do	do	
785	do 18	23	Female	Single	Unknown	20 years	The Court	5 months	Not Improved	Not Improved	
786	do 21	56	Male	Married	Masturbation	1 year	do	5 months	do	do	
787	do 23	22	do	Single	do	12 months	do	5 months	Recovered	Recovered	
788	do 23	17	Female	do	do	2 years	do	5 months	do	do	
789	do 24	31	Male	do	do	18 months	do	5 months	do	do	
790	do 26	41	do	do	do	2 years	do	5 months	do	do	
791	do 29	29	Female	Married	Domestic Affliction	12 months	do	5 months	do	do	
792	July 1	45	do	Single	Intemperance	4 years	do	5 months	do	do	
793	do 7	40	Male	Married	Unknown	Unknown	do	5 months	Not Improved	Not Improved	
794	do 10	45	do	Single	Religious	6 months	The friends	5 months	Recovered	Recovered	
795	do 11	36	Female	Married	III Health	3 months	do	3 months	Improved	Improved	
796	do 12	24	Male	Single	Unknown	15 years	do	5 months	do	do	
797	do 12	43	Female	do	do	2 years	The Court	5 months	do	do	
798	do 12	30	do	Married	III Health	3 months	The friends	3 months	Discharged	Discharged	
799	do 13	35	Male	Single	Intemperance	6 years	The Court	5 months	Remains	Remains	
800	do 13	35	do	do	Unknown	13 months	do	4 months	Not Improved	Recovered	
801	do 19	31	do	do	Intemperance	14 months	do	4 months	do	do	
802	do 19	30	do	do	do	6 weeks	do	4 months	do	do	
803	do 20	70	do	Married	Domestic Affliction	do	do	do	Remains	Improved	

STATE LUNATIC HOSPITAL.

TABLES—Continued.

No.	Time of admission.	Present Age.	Sex.	Married or Single.	Supposed Cause.	Duration before admission.	By whom committed.	Time spent in the Hospital.	In what state.	Discharged or Remains.	Remarks.
	1838.										
844	Nov'r	7	44	Female	Married	2 months	The friends	3 weeks	Remains	Unchanged	
845	do	10	40	Male	Single	Unknown	The Court	3 weeks	do	Improved	
846	do	10	48	do	do	3 months	do	3 weeks	do	do	Homicidal.
847	do	14	75	do	Married	18 months	The friends	2 weeks	do	Unchanged	
848	do	14	49	do	Widower	6 years	The Court	2 weeks	do	Improved	
849	do	17	22	Female	Single	4 months	do	2 weeks	do	Unchanged	
850	do	17	26	Male	do	5 years	do	2 weeks	do	do	
851	do	20	21	do	Masturbation	21 years	do	2 weeks	do	do	
852	do	22	32	do	Idiotic	1 week	do	1 week	do	do	
853	do	26	20	Female	Unknown	7 years	do	4 days	do	do	
854	do	27	23	Male	Ungoverned Temper	3 years	do	3 days	do	do	
855	do	29	51	do	Injury of the Head	1 week	do	1 day	do	do	
				Married	Ill Health						

TABLE 1.

Showing the state of the Hospital from December 1st, 1837, to November 30th, 1838.

Patients admitted, . . .	177	Of the cases now in the Hospital of less duration than 1 year, . . .	28
Males, . . .	96	Of longer duration than 1 year, . . .	190—218
Females, . . .	81—177	Patients in the Hospital in the course of the year, . . .	362
Cases of less duration than 1 year, . . .	82	In the Hospital at the commencement of the year, . . .	185
Males, . . .	45	Admitted during the year, . . .	177—362
Females, . . .	37—82		
Cases of longer duration than 1 year, . . .	95		
Males, . . .	51		
Females, . . .	44—95—177		
Admitted by the Courts, 123			
Private, . . .	54—177		
Remain at the end of the year, . . .	218		
Males, . . .	115		
Females, . . .	103—218		

TABLE 2.

Discharges and Deaths.

	No. of each sex.	Recov'd.	Improv'd.	Not Improv'd.	Harmless.	Died.	Total.
Patients discharged, 144							
Males,	84	45	11	8	10	10	
Females,	60	31	13	6	4	6	
	—	—	—	—	—	—	144
144	76	24	14	14	16		
Of duration less than 1 year, 74							
Males,	47	38	2	0	0	3	
Females,	27	26	4	0	0	1	
	—	—	—	—	—	—	74
74	64	6	0	0	0	4	
Of duration more than 1 year, 70							
Males,	42	7	10	8	10	7	
Females,	28	5	8	6	4	5	
	—	—	—	—	—	—	70
70	12	18	14	14	12		
Remains, Nov. 30, 218							
Natives of the State, . . .						188	
Males, 115						20	
Females, 103—218						10—218	
Foreigners in the Hospital in the course of the year, . . .						30	
Natives of other States, . . .						15—45	

TABLE 3.

Duration of Insanity with those remaining in the Hospital, December 1st, 1838.				Ages of Patients in the Hospital, December 1st, 1838.				
Less than 1 year,	.	.	28	Under 20,	.	.	.	4
From 1 to 5 years,	.	.	65	From 20 to 25,	.	.	.	25
5 to 10,	.	.	44	25 to 30,	.	.	.	21
10 to 15,	.	.	27	30 to 35,	.	.	.	34
15 to 20,	.	.	14	35 to 40,	.	.	.	35
20 to 25,	.	.	15	40 to 45,	.	.	.	30
25 to 30,	.	.	3	45 to 50,	.	.	.	23
Over 30,	.	.	3	50 to 55,	.	.	.	16
Unknown,	.	.	19	55 to 60,	.	.	.	8
			—	60 to 65,	.	.	.	6
			218	65 to 70,	.	.	.	8
				70 to 75,	.	.	.	3
				75 to 80,	.	.	.	1
				Unknown,	.	.	.	4
								218

TABLE 4.

Number admitted and discharged each month.			Average of Patients in the Hospital each month.				
	Admitted.	Discharged.	December,	January,	February,	March,	April,
December,	13	8	December,	.	.	.	190
January,	17	7	January,	.	.	.	196
February,	16	6	February,	.	.	.	208
March,	9	7	March,	.	.	.	212
April,	15	14	April,	.	.	.	215½
May,	22	21	May,	.	.	.	212½
June,	21	17	June,	.	.	.	217
July,	16	14	July,	.	.	.	220½
August,	10	18	August,	.	.	.	217
September,	7	9	September,	.	.	.	210½
October,	16	11	October,	.	.	.	213½
November,	15	12	November,	.	.	.	218½
	—	—					
	177	144					
			Average for 1838, about 211				

TABLE 5.

Statistics of the State Lunatic Hospital, from Jan. 1833 to Dec. 1, 1838.

	1833.	1834.	1835.	1836.	1837.	1838.	Total.
Admissions,	153	119	113	125	168	177	855
Discharged, including Deaths and Elopements,	39	115	112	106	121	144	637
Discharged, recovered,	25	64	52	57	69	76	343
Discharged, improved,	7	22	23	17	23	24	116
Died,	4	8	8	8	9	16	53
Eloped,	1	1	1	1	0	0	4
Patients in the Hospital in the course of each year,	153	233	241	245	306	362	855
Patients remaining at the end of each year,	114	118	119	138	185	218	
Males admitted,	96	79	51	66	94	96	482
Females admitted,	57	39	62	59	75	81	373
Males discharged,	20	59	57	56	65	74	331
Females discharged,	15	49	46	41	47	54	252
Males died,	3	5	4	6	6	10	34
Females died,	1	3	4	2	3	6	19
Patients sent by Courts,	109	55	89	117	129	123	
Private,	44	64	21	8	39	54	
Recoveries:							
Males,	25	64	52	58	69	76	344
Females,	13	33	27	32	37	45	
Average in the Hospital each year, . . .	107	117	120	127	163	211	

TABLE 6.

Statistics of the different Seasons.

	1833.	1834.	1835.	1836.	1837.	1838.	Total.
Admissions in Winter,	27	26	24	23	26	46	172
Admissions in Spring,	71	35	31	36	49	46	268
Admissions in Summer,	21	30	30	42	40	47	210
Admissions in Autumn,	21	28	28	24	53	38	202
Discharges in Winter,	0	22	21	20	15	18	86
Discharges in Spring,	7	33	30	33	38	37	178
Discharges in Summer,	10	28	31	24	30	43	166
Discharges in Autumn,	24	24	22	21	38	32	161
Recoveries in Winter,	0	12	14	11	10	15	62
Recoveries in Spring,	0	20	13	14	17	23	87
Recoveries in Summer,	9	16	1	12	15	18	86
Recoveries in Autumn,	16	15	12	20	27	20	110
Deaths in Winter,	0	3	1	0	1	3	8
Deaths in Spring,	2	2	2	1	2	5	14
Deaths in Summer,	2	3	2	4	1	5	17
Deaths in Autumn,	0	0	3	3	5	3	14

TABLE 7.

Classification of Insanity.

	Whole No.	Each Sex.	Curable or Cured.	Total of Curable or Cured.
Mania, . . .	444			
Males, . . .		236	137	
Females, . . .		208	131	268
Melancholia, . . .	235			
Males, . . .		129	75	
Females, . . .		106	65	140
Dementia, . . .	128			
Males, . . .		77	2	
Females, . . .		51	3	5
Idiots, . . .	8			
Males, . . .		8	A few cases not clas'died	

TABLE 8.

Of Occupation.

Farmers,	102	Stonecutters,	2
Laborers,	89	Comb-makers,	2
Shoemakers,	39	Musicians,	2
Seamen,	32	Turners,	2
Merchants,	28	Harness-makers,	2
Carpenters,	23	Pedlers,	2
Manufacturers,	22	Physicians,	2
Teachers,	20	Broom-makers,	2
Blacksmiths,	12	Coppersmiths,	2
Printers,	11	Coachmen,	2
Tailors,	8	Butchers,	2
Students,	8	Currier,	1
Machinists,	7	Bricklayer,	1
Clothiers,	6	Lawyer,	1
Millers,	4	Jeweller,	1
Coopers,	4	Watchman,	1
Painters,	4	Drover,	1
Paper-makers,	3	News Collector,	1
Calico Printers,	3	Rope-maker,	1
Cabinet-makers,	3	Engineer,	1
Clergymen,	3	Hatter,	1
Sail-makers,	3	Gardener,	1
Tanners,	3	Idiots,	8
Bakers,	2	Vagrants,	24
Stevedores,	2	Few Females only are classified.	

TABLE 9.

Diseases which have proved Fatal.

Marasmus,	13	Disease of the brain,	2
Epilepsy,	10	Brain fever from intemperance,	1
Consumption,	7	Disease of the heart,	1
Apoplexy,	4	Disease of the bladder,	1
Mortification of limbs,	3	Lung fever,	1
Suicide,	3	Dropsy,	1
Cholera Morbus,	2		
Hemorrhage,	2	Total,	53
Inflammation of the bowels,	2		

TABLE 10.

Duration of Insanity before admitted to the Hospital.

		1833.	1834.	1835.	1836.	1837.	1838.	Total.
Less than 1 year,	.	48	56	49	54	73	82	*362
From 1 to 5 years,	.	20	29	37	37	58	50	231
5 to 10, .	.	27	14	17	13	15	16	102
10 to 20, .	.	31	8	6	11	15	8	79
20 to 30, .	.	12	4	1	2	4	7	30
30 to 40, .	.	3	1	1	2	1	1	9
Unknown,	.	12	6	7	6	5	13	49
<i>Duration of Insanity with those remaining at the end of each year:</i>								
Less than 1 year,	.	29	22	21	11	29	28	140
From 1 to 5 years,	.	20	25	22	39	51	65	222
5 to 10, .	.	20	24	34	35	38	44	195
10 to 20, .	.	30	24	29	35	41	41	200
20 to 30, .	.	9	5	3	7	11	18	51
Over 30,	.	3	2	4	2	2	3	16
Unknown,	.	8	16	6	9	13	19	71
<i>Ages of Patients when admitted:</i>								
Under 20,	.	2	6	3	11	13	17	52
Between 20 and 30,	.	34	23	22	29	58	47	213
30 and 40, .	.	48	44	42	30	34	51	249
40 and 50, .	.	34	28	30	25	31	32	180
50 and 60, .	.	14	9	11	16	13	20	83
60 and 70, .	.	17	6	6	10	12	8	59
70 and 80, .	.	5	2	5	0	7	2	21
<i>Civil state of Patients admitted:</i>								
Single, .	.	92	71	52	68	94	101	478
Married, .	.	38	40	46	49	61	65	295
Widows, .	.	12	4	8	6	11	5	46
Widowers, .	.	11	4	7	2	2	6	32

* See Explanation of 12th Table.

TABLE 11.

Causes of Insanity, &c.

Intemperance, . . .	158	Hereditary, or having insane ancestors or near kindred, . . .	267
Males, . . .	138	Periodical, . . .	152
Females, . . .	20—158	Homicidal, . . .	16
Ill Health, . . .	110	Actual homicides, . . .	12
Epilepsy, . . .	32	Suicidal, or having a strong propensity to self-destruction, . . .	96
Puerperal, . . .	22	Actual suicides, . . .	3
Religious, . . .	70	Of 429 cases that have been examined—have dark hair, eyes and complexions, . . .	220
Masturbation, . . .	81	Light hair, eyes and complexions, . . .	209
Domestic Afflictions, . . .	75	Of 152 periodical cases, 94 are caused by Intemperance, . . .	94
Loss of property and fear of poverty, . . .	58	Many unknown.	
Disappointed affection, . . .	38		
Disappointed ambition, . . .	23		
Injuries of the head, . . .	10		
Abuse of snuff and tobacco, . . .	5		

TABLE 12.

Shewing the comparative Curability of Insanity treated at different periods of disease.

		Total of Cases.	Of each Sex.	Cured or Curable.	Incurable.
Less than 1 year's duration,	.	334			
Males, .	.	183		160	23
Females, .	.	151		134	17
From 1 to 2 years, .	.	118			
Males, .	.	61		37	24
Females, .	.	57		42	15
From 2 to 5 years, .	.	141			
Males, .	.	80		23	57
Females, .	.	61		22	39
From 5 to 10 years, .	.	96			
Males, .	.	50		7	43
Females, .	.	46		5	41
From 10 to 15 years, .	.	64			
Males, .	.	40		2	38
Females, .	.	24		1	23
From 15 to 20 years, .	.	26			
Males, .	.	18		1	17
Females, .	.	8		0	8
From 20 to 25 years, .	.	18			
Males, .	.	10		0	10
Females, .	.	8		0	8
From 25 to 30 years, .	.	6			
Males, .	.	5		0	5
Females, .	.	1		0	1
Over 30 years, .	.	2			
Males, .	.	1		0	1
Females, .	.	1		0	1

TABLE 13.

Shewing the per cent. of Cases from the most prominent Causes of Insanity admitted each year.

		1833.	1834.	1835.	1836.	1837.	1838.
Intemperance,	.	24 $\frac{3}{4}$	24	22 $\frac{3}{4}$	14 $\frac{1}{4}$	10 $\frac{1}{8}$	16 $\frac{3}{4}$
Ill Health,	.	8 $\frac{1}{2}$	17 $\frac{3}{4}$	21 $\frac{3}{4}$	22 $\frac{1}{2}$	21 $\frac{1}{2}$	28
The Affections,	.	13 $\frac{3}{4}$	11 $\frac{1}{2}$	17 $\frac{1}{2}$	16	16	14 $\frac{3}{4}$
Concerning Property,	.	6 $\frac{1}{2}$	10 $\frac{3}{4}$	8 $\frac{3}{4}$	5 $\frac{1}{2}$	6 $\frac{1}{2}$	10 $\frac{3}{4}$
Religious of all kinds,	.	8 $\frac{1}{2}$	6 $\frac{1}{4}$	6 $\frac{1}{4}$	7 $\frac{1}{2}$	6 $\frac{1}{2}$	9
Masturbation,	.	5	5 $\frac{3}{4}$	7 $\frac{3}{4}$	16 $\frac{1}{2}$	21 $\frac{1}{2}$	5 $\frac{1}{2}$

From Intemperance, the average for the first 3 years was 24 per cent.

For the last 3 years, nearly 14 per cent.

For the six years, about 19 per cent.

TABLE 14.

Comparative Curability of cases of Insanity attacking at different Ages.

			Total of Cases.	Total of each Sex.	Cured or Curable.	Incurable.
Under 20 years,	.	.	109			
Males, .	.	.		61	19	42
Females,	.	.		48	30	18
From 20 to 25,	.	.	121			
Males, .	.	.		70	33	37
Females,	.	.		51	29	22
From 25 to 30,	.	.	119			
Males, .	.	.		65	33	32
Females,	.	.		54	29	25
From 30 to 35,	.	.	118			
Males, .	.	.		76	34	42
Females,	.	.		42	26	16
From 35 to 40,	.	.	102			
Males, .	.	.		46	24	22
Females,	.	.		56	28	28
From 40 to 45,	.	.	64			
Males, .	.	.		33	22	14
Females,	.	.		23	21	7
From 45 to 50,	.	.	55			
Males, .	.	.		29	22	7
Females,	.	.		26	23	3
From 50 to 55,	.	.	50			
Males, .	.	.		24	14	10
Females,	.	.		26	16	10
From 55 to 60,	.	.	27			
Males, .	.	.		13	10	3
Females,	.	.		14	8	6
From 60 to 65,	.	.	16			
Males, .	.	.		9	9	0
Females,	.	.		7	6	1
From 65 to 70,	.	.	15			
Males, .	.	.		11	7	4
Females,	.	.		4	3	1
From 70 to 75,	.	.	4			
Males, .	.	.		3	2	1
Females,	.	.		1	1	0
Over 75, .	.	.	3			
Males, .	.	.		1	1	0
Females,	.	.		2	2	2

TABLE 15.

Shewing the relation of the paroxysms of excitement in from 50 to 60 cases of periodical Insanity, amounting to 425 distinctly marked, to the state of the moon on the day of their occurrence. Also to the 53 deaths that have occurred in the Hospital.

Number of Paroxysms each day.					Number of Deaths on each day.				
Day of the Moon.	Total.	Male.	Female.	First Quarter.	Day of the Moon.	Total.	Male.	Female.	First Quarter.
1	9	4	5	1	1	1	1	0	1
2	27	15	12	2	2	5	3	2	2
3	16	11	5	3	3	4	1	3	3
4	18	9	9	4	4	3	2	1	4
5	12	7	5	5	5	2	1	1	5
6	17	9	8	6	6	1	1	0	6
7	20	8	12	7	7	2	0	2	7
End of First Quarter.				Second Quarter.	End of First Quarter.				Second Quarter.
8	24	12	12	1	8	1	1	0	1
9	18	10	8	2	9	2	1	1	2
10	9	3	6	3	10	1	1	0	3
11	14	8	6	4	11	0	0	0	4
12	18	9	9	5	12	1	1	0	5
13	14	9	5	6	13	5	3	2	6
14	15	8	7	7	14	1	1	0	7
End of Second Quarter.				Third Quarter.	End of Second Quarter.				Third Quarter.
15	16	8	8	1	15	1	1	0	1
16	12	7	5	2	16	3	3	0	2
17	20	11	9	3	17	1	0	1	3
18	12	6	6	4	18	0	0	0	4
19	10	6	4	5	19	1	0	1	5
20	15	11	4	6	20	4	3	1	6
21	16	9	7	7	21	5	4	1	7
End of Third Quarter.				Fourth Quarter.	End of Third Quarter.				Fourth Quarter.
22	16	10	6	1	22	1	1	0	1
23	18	6	12	2	23	0	0	0	2
24	21	13	8	3	24	2	1	1	3
25	15	6	9	4	25	4	2	2	4
26	17	8	9	5	26	1	1	0	5
27	5	1	4	6	27	0	0	0	6
28	8	5	3	7	28	1	1	0	7
End of Fourth Quarter.					End of Fourth Quarter.	53	34	19	

TABLE 16.

Shewing the relation between Cause and Recovery.

		Whole Number.	No. of each Sex.	Cured or Curable.	Incurable.
Intemperance,	.	158			
Males, .	.		138	72	66
Females,	.		20	9	11
Domestic Afflictions of various kinds, Domestic Broils. Ill-requited Love.					
Anxiety about Property, &c.	.	193			
Males, .	.		82	49	33
Females,	.		111	63	48
Ill Health, including Puerperal cases, Wounds, Amenorrhœa, &c.	.	155			
Males, .	.		38	19	19
Females,	.		117	78	39
Religious of all kinds,	.	70			
Males, .	.		38	22	16
Females,	.		32	17	15
Masturbation,	.	81			
Males, .	.		69	14	55
Females,	.		12	1	11
Epileptics,	.	30			
Males, .	.		27	4	23
Females,	.		3	0	3
Palsy,	.	15			
Males, .	.		13	2	11
Females,	.		2	0	2

TABLE 17.

Of Per Cent.—Recoveries.

	1834.	1835.	1836.	1837.	1838.
Per cent. of cases DISCHARGED recovered of duration less than one year,	85	82	82½	84½	89½
Per cent. of recoveries of all discharged,	53	53½	46½	53½	57
Per cent. of recoveries of old cases disch'd,	19	20½	15½	18½	25½

There have been ADMITTED, since the Hospital was opened, 334 cases, of duration less than one year. There have been discharged, recovered, of recent cases, in the same time, 276, which is 82½ per cent.

Deduct from 334, 28 recent cases, mostly convalescing, now in the Hospital, and there remains 306, of which 276 is 90½ per cent.

Deduct from 306, the number above specified, 12, which is the number of deaths of recent cases, and there remains 294, which is 93½ per cent.

There have been 855 cases in the Hospital, and 344 recoveries, which is 40½ per cent.

Deaths.

	1834.	1835.	1836.	1837.	1838.
Per cent. of deaths of all the patients in the Hospital each year,	3½	3½	3¼	3	4½

Per cent. of the whole number in the Hospital, (53 of 855) 6 1-6 per cent.

Cases old and recent, (190 of 218.)

There are, at present, in the Hospital, cases of more than one year's duration 190, which is 87½ per cent.

Of less duration than one year 28 cases, which is 12½ per cent.

There have been Foreigners in the Hospital, since its commencement, 123, (of 855) which is 14½ per cent.

Recovery of Insanity from certain causes:

From Intemperance,	51½	per cent.
Domestic Afflictions,	58	per cent.
Ill Health,	62½	per cent.
Religious causes,	55½	per cent.
Masturbation,	18½	per cent.

Hereditary, (267 of 855)	31½	per cent.
Periodical, (152 of 855)	18	per cent.

Of the Periodical cases, 96 were from Intemperance, (96 of 152) 63 pr. cent.

Of 840 patients whose civil state was known, there were

Single 555, which is	66	per cent.
Married 295, which is	34	per cent.

STATE LUNATIC HOSPITAL.

TABLE 18.

Showing the Comparative Expense of supporting OLD and RECENT cases of Insanity, from which may be learned the economy of placing the insane in institutions in early periods of the disease.

OLD CASES.

No. of the Old Case.	Present Age.	Time insane before confinement in the Hospital.	Cost of confinement before committed, \$1.50 per week.	Time confined in the Hospital.	Expense of support in the Hospital, \$2.50 per wk.	No. of the Recent Case.	Present Age.	Time insane before committed to the Hospital.	Cost of support before admitted to the Hospital at \$2.50 per wk.	Time confined before discharged recovered.	Expense of support in the Hospital, \$2.50 per wk.
2	64	17 years	\$1292	310 weeks	\$775	599	35	13 weeks	\$32	8 weeks	\$52
3	32	3 years	331	310 weeks	775	602	33	1 week	2	1-2 weeks	1-2
7	42	6 years	468	309 weeks	772	1240	1-2	2 weeks	5	6 weeks	50
8	58	10 years	780	309 weeks	772	1552	1-2	2 weeks	5	6 weeks	20
9	71	28 years	2174	308 weeks	770	2944	24	6 weeks	5	6 weeks	20
12	40	14 years	1092	306 weeks	765	1857	32	4 weeks	15	8 weeks	35
18	66	27 years	2106	306 weeks	765	2871	19	8 weeks	10	21 weeks	62
19	54	7 years	546	306 weeks	765	1311	30	4 weeks	20	8 weeks	40
21	34	5 years	390	306 weeks	765	1155	32	1 week	10	15 weeks	47
24	73	15 years	1170	304 weeks	760	1930	23	7 weeks	2	7 weeks	1-2
27	42	5 years	390	304 weeks	760	1150	21	1 week	2	10 weeks	20
34	39	4 years	312	303 weeks	757	1069	1-2	1 week	15	17 weeks	57
44	52	16 years	1243	301 weeks	752	1-2	2000	1-2	25	10 weeks	45
56	40	6 years	468	299 weeks	747	1215	1-2	757	25	17 weeks	57
70	53	10 years	780	298 weeks	745	1525	23	8 weeks	20	14 weeks	37
73	63	10 years	780	298 weeks	745	1525	24	13 weeks	15	17 weeks	42
107	44	6 years	472	287 weeks	717	1189	1-2	796	32	13 weeks	57
146	55	4 years	312	268 weeks	670	982	70	6 weeks	15	21 weeks	65
147	37	3 years	234	268 weeks	670	904	19	6 weeks	32	17 weeks	67
176	49	10 years	780	256 weeks	640	1420	45	2 weeks	5	9 weeks	75

Average expense of the 20, before admitted to the Hospital, -
Average expense in the Hospital, -
Total average, -
Average continuance of insanity, -

\$806 1-4
\$744
\$1550 1-4

Average expense before admission to the Hospital, -
Average period of insanity in the 20 cases before admission to the Hospital, 6 1-2 wks.
Average period of residence in the Hospital, -
Average expense in the Hospital, -
Total average, -
Average continuance of insanity, -

\$16 1-4
\$12 1-2 wks.
\$31 1-2
\$47 1-2
19 weeks.

Presenting our Sixth Annual Report, at the close of another year, we feel that we have great cause of gratitude to the Author of all good, that we have been so greatly blessed with health and security, and that its former prosperity has still attended this institution.

During the residence of nearly six years, we have been exempt from severe sickness, and no epidemic has ever visited the Hospital. In this period, we have had under our care *eight hundred and fifty-five* patients, exhibiting insanity in all its forms, from the high excitement which induces its victim to discard and destroy his raiment and expose himself to injuries in a manner wholly reckless of consequences, to that state of imbecility and torpor, which unfits him from attending to what is absolutely necessary to his existence, much more to his security and comfort; yet we have never, in a single instance, had a patient either *burned, scalded, or frozen.*

This exemption from physical suffering, to which the insane, when at large or in confinement with their friends, are particularly liable, arises, to a great extent, from the excellent arrangements for warmth and ventilation which have been adopted, and to which we may further allude in the progress of the report.

TABLE 1. By a reference to the table it will be perceived that, in the course of the last year, we have admitted *one hundred and seventy-seven* patients, a greater number than has heretofore been admitted in any single year. Of these, *ninety-six* were males and *eighty-one* were females; *eighty-two* were of less duration than one year, *forty-five* males and *thirty-seven* females, and *ninety-five* of longer duration than one year, *fifty-one* males and *forty-four* females.

There have been sent to the Hospital by the different Courts, *one hundred and twenty-three* patients deemed furiously mad and dangerous to go at large, and *fifty-four* have been admitted as private boarders. Many rooms, during the early part of the year, not being occupied by those sent by the courts, this unusually large number of private boarders were, in the course of the year, accommodated. At the present time we are hardly able to admit any of the latter class.

At the close of the year there were in the Hospital, *two hundred and eighteen* patients of whom *one hundred and fifteen* were males and *one hundred and three* were females. Of this number of cases *twenty-eight* are of duration less than one year, and *one hundred and ninety* of duration longer than one year.

During the year there have been in the Hospital, *three hundred and sixty-two* patients, *one hundred and seventy-seven* of whom were ad-

mitted in the course of the year, and *one hundred and eighty-five* were in the Hospital at the commencement of the year.

TABLE 2. There have been discharged during the year, including deaths, *one hundred and forty-four* patients, of whom *eighty-four* were males and *sixty* were females. *Seventy-six* of these recovered, *forty-five* males and *thirty-one* females; *twenty-four* were improved, *eleven* males and *thirteen* females; *fourteen* were not improved, *eight* males and *six* females; *fourteen* were discharged harmless and incurable, for want of room, *ten* males and *four* females; and *sixteen* have died, *ten* males and *six* females.

Of this number of cases discharged, *seventy-four* were of less duration than *one* year, *forty-seven* males and *twenty-seven* females. Of these *sixty-four* recovered, *thirty-eight* males and *twenty-six* females; *six* were discharged improved, *two* males and *four* females; *four* have died, *three* males and *one* female.

Of the number of cases discharged, *seventy* were of duration longer than one year. Of these *forty-two* were males and *twenty-eight* were females; *twelve* recovered, *seven* males and *five* females; *eighteen* were discharged improved, *ten* males and *eight* females; and *twelve* died, *seven* males and *five* females.

Of the patients remaining at the end of the year, *one hundred and eighty-eight* are natives of this State, *ten* are natives of other States, and *twenty* are foreigners.

In the course of the year there have been in the Hospital, *three hundred and seventeen* persons belonging to the State, and *forty-five* natives of other states or foreigners.

These two tables furnish the principal statistics for the year.

The number of deaths the past year has been larger than in any former year, and yet we have never had a more healthy season. The *first* death that occurred was from mortified feet, the effect of frost. This man was at the point of death when he arrived at the Hospital, and survived but a few hours. *Five* others were affected with fatal disease when they entered the Hospital, and survived but a few weeks; one died in *eight* days.

Four epileptics, not included in the above list, have died suddenly without apparent previous indisposition except what had existed for a long time, showing no disposition to a fatal tendency till the fatal symptoms occurred.

In this institution, having no power to exclude patients sent by the courts, we shall always be liable to receive unfavorable cases, and, of course, to have a large list of deaths. Thus far, however, we must be

considered fortunate, having had but *fifty-three* deaths of *eight hundred and fifty-five* cases, which is about *six and one-fourth* per cent. quite below the common average in hospitals of this character.

TABLE 3. From this table we learn the number of old cases remaining under our care compared with those of recent origin. *Twenty-eight* only are of less duration than *one* year, while *sixty-five* have been of from *one* to *five* years' duration; *forty-four* from *five* to *ten* years, and nearly three times the number over *ten* years. The proportion, as before stated, is as *twenty-eight* to *one hundred and ninety*.

Respecting the ages of patients now in the Hospital, it will be seen, that, of any *ten* years, the greatest number of patients are between *thirty* and *forty* years of age, few are under *twenty*, and more are between the ages of *forty* and *fifty* than between *twenty* and *thirty*. This, it is believed, is different from the fact with most hospitals for the insane, and may be accounted for, in part, from the accumulation of old cases in this Hospital, which was originally designed principally for incurables, many of whom will continue within its wards while life remains.

The institution commenced this year with *one hundred and eighty-five* patients, and closed with *two hundred and eighteen*; showing an increase of *thirty-three* patients in the course of the year, although *one hundred and forty-four* have been discharged.

The average number for the year 1837 was *one hundred and sixty-three*; the average number for the year 1838 is *two hundred and eleven*, a difference of *fifty-five* in the average of the *two* years.

At this time the Hospital is as full of patients as it is desirable that it should ever be, and without the lodges, which should never be estimated as a part of the accommodations of the establishment, is already more than full.

TABLE 4. It will be seen by this table that *three hundred and twenty-one* patients were received and discharged in the course of the year, showing a change of more than an average of one patient daily for the weekdays of the year. In the last two months of spring and the first two months of summer, there were received and discharged *one hundred and forty* patients in *one hundred and twenty-two* days, sabbaths included.

The average for the month of July was greater than that for any other month, being *two hundred and twenty and one-fourth*, and that of November the next greatest, being *two hundred and eighteen and one-half*.

Such an exchange of patients as this table exhibits, tends greatly to

keep the house disturbed. Those who leave are quiet, either recovered, greatly improved or harmless, while those who are admitted are violent and noisy; notwithstanding this, however, the Hospital is proverbially a quiet and peaceful residence to a large proportion of its inmates.

TABLE 5. From this table almost every statistical fact connected with our history as an institution, can be obtained. The whole number of admissions, and the number each year, the total number of discharges and the number discharged each year, the number that have remained at the end of each year, the number of deaths and elopements, the number that have been in the institution in the course of each year, the number of recoveries and of those that have been discharged improved. This table shows the manner in which the Hospital has been filled up and the regular increase of the average number of every succeeding year, also the proportion of the sexes in the cases admitted, discharged, recovered and dead.

TABLE 6. From this table we learn the number of patients admitted, discharged, recovered and died at the different seasons of the year.

There have been admitted in the winter months, *one hundred and seventy-two* patients, which is a trifle more than *twenty* per cent. of the whole.

In the spring months there have been admitted *two hundred and sixty-eight* patients, which is more than *thirty* per cent. of the whole.

There have been admitted in the summer months, *two hundred and ten*, which is more than *twenty-four and a half* per cent. of the whole.

In the autumnal months there have been admitted *two hundred and two*, which is less than *twenty-four* per cent.

The discharges in winter have been *eighty-six*, which is less than *fifteen* per cent. The discharges in spring have been *one hundred and seventy-eight*, which is more than *thirty* per cent. The discharges in summer have been *one hundred and sixty-six*, which is more than *twenty-eight and a half* per cent. The discharges in autumn have been *one hundred and sixty-one*, which is more than *twenty-seven* per cent.

In winter the recoveries have been *sixty-two*, which is more than *eighteen* per cent. of the whole number of recoveries. The recoveries in spring have been *eighty-seven*, which is about *twenty-five and a half* per cent. The recoveries in summer have been *eighty-six*, which is about *twenty-five and one-fourth* per cent. The recoveries in autumn have been *one hundred and ten*, which is very nearly *thirty-two* per cent.

The deaths in winter have been *eight*, which is a trifle more than *fifteen* per cent. of the whole number of deaths. The deaths in spring have been *fourteen*, which is about *twenty-six and one-fourth* per cent. The deaths in summer have been *seventeen*, which is about *thirty-two* per cent. The deaths in autumn have been *fourteen*, which is *twenty-six and one-fourth* per cent.

It appears from this table that the admissions, discharges, recoveries and deaths have been least in the winter months. The number of admissions and discharges have been greatest in spring, while autumn affords the greatest number of recoveries, and summer the greatest number of deaths.

These facts may be too few to afford any criterion for correct conclusions, but are preserved as valuable for future use.

TABLE 7. From this table may be learned the number of cases of different kinds of insanity that have been in the Hospital. The symptoms of mania and melancholy as exhibited in strongly marked cases of either form of disease are very distinct and easily recognised, but as they are less prominent they become less obvious till it is difficult, indeed quite impossible to classify them distinctly. In forming this table I have endeavored to observe the usual rule of distinction. Such classification is of little or no practical utility, and is only useful as showing the prevalence of high excitement or depression on the mind and feelings in the cases. The same is true of the cases of melancholia and mania on the one hand, and dementia on the other; many patients belonging to the first two classes seem at first, or in the progress of the disease, to be considerably demented, but if these symptoms are soon removed, they will be found arranged in the other classes as not strictly belonging to the class dementia. We classify as idiots, those only who are so from birth, of course the number is quite small. A few are not classified.

The recoveries of mania are about *sixty* per cent., and the recoveries of melancholia about *fifty-nine* per cent., while recoveries of dementia, as we use the term, are from *two* to *three* per cent. only.

This table also shows the influence which the large number of cases of dementia has upon the per cent. of recoveries in the Hospital. Without it the average would be about *sixty* per cent. of the discharged, and probably nearly *fifty* per cent. of the whole that have been admitted.

TABLE 8. From this table we learn that the farmers are still the most

numerous among the male inmates of the Hospital, and that laborers are the next most numerous class. Great as is this list of farmers, it probably falls short of the proportion which this employment holds to the many trades enumerated in this table. There is unquestionably, in the community, more than *three* farmers to *one* shoemaker, and more than *four* to *one* merchant, or *five* to *one* carpenter; it cannot therefore be inferred that the employment of cultivating the land tends to produce insanity; probably no business which is pursued by our citizens, has less tendency to it, and no set of men in their legitimate employment can be more exempt from the causes of disease, mental or physical. Hereditary predisposition and the influence of causes which disturb the nervous system independent of employment, such as intemperance, speculation and domestic affliction, probably bring a large proportion of this respectable class of men into institutions for the insane.

The great list of employments in the table show conclusively that all mankind, of whatever pursuits, are liable to the evil, and that little can be said of the occupation as a cause of the insanity in any case.

TABLE 9 has reference to the number and causes of the deaths that have occurred in the Hospital. We have, as remarked at the commencement of this report, been unusually exempt from acute diseases and entirely so from epidemic febrile disease. Marasmus still stands at the head of the list of deaths as to numbers; a large proportion of the subjects of it come under our care with the disease upon them, or with symptoms which run directly into it, and prove fatal in a short time. Two individuals were brought into the Hospital this season, who were able to leave the bed for a short time only, both of whom went steadily down to death with a rapidity not a little accelerated by the influence of insanity.

Next to Marasmus, on our list, stands Epilepsy; a disease to which the insane are particularly inclined. Four deaths from this disease have taken place during the last year. All but one sudden and unexpected at the time; in two of the subjects the symptoms of insanity were subsiding in the most favorable manner.

Consumption is generally the most fatal disease in hospitals for the insane, and in our records stands high among the causes of death. A considerable proportion of those who have died of consumption have come into the institution with symptoms of disease upon them. The little regard which the insane have to prudence and care respecting health, and the frequency of their exposures and privations ren-

ders them particularly liable to a class of diseases in no way connected with insanity.

In the course of this year, two patients have died of mortification of the limbs, one arising from frost, who survived his admission but two days. The other from *land scurvy*, who lingered two or three weeks before he expired; another case of frost-bitten limbs survived, after great suffering and the loss of many of his toes; and we have recently admitted a patient whose feet are frozen in a most shocking manner, and who, if he survives the severe wounds that now threaten his life, will, in future, be a cripple.

These cases are mentioned to show, that, as regards fatality, an institution of the character of this Hospital will always be liable to receive such cases of insanity complicated with other diseases as will swell its catalogue of deaths, and increase its per cent. of fatality above that of hospitals which have power to reject unfavorable cases.

TABLE 10. The number of cases admitted into the Hospital of less duration than one year has been, as appears by the table, *three hundred and sixty-two*, which is about *two-fifths* of all that have been in the institution. With the exception of one year, the number of this recent class of cases remaining at the end of the year has varied from *twenty-one* to *twenty-nine*; most of these, in each year, had been recently admitted and were generally more or less improved. At the close of the present year, there were *twenty-eight* cases of duration less than *one* year; *sixty-eight* from *one* to *five* years; *forty-five* from *five* to *ten* years; *forty-one* from *ten* to *twenty* years; *eighteen* from *twenty* to *thirty* years; *three* over *thirty* years, and *nineteen* of which the duration was unknown,—showing a great accumulation of very old cases. There are probably more cases over *twenty* years' duration than of less than one year.

This table shows that the number of single persons continues to be much larger than the married, as has always been the case in the Hospital. During the last year, we have received *one hundred and one* patients that have never been married, *sixty-five* married, and *eleven* in a state of widowhood.

TABLE 11. The records of this table,—the causes, hereditary taint, periodicity, homicidal, and suicidal propensities,—are subjects of great interest, and are sufficient of themselves to fill the report.

Intemperance continues to be a prominent cause, but we are happy to think it is less frequent than formerly. It will elsewhere be recorded that this cause, during the first three years of the Hospital, gave origin to *twenty-five* per cent. of the cases of insanity admitted, while it

it is supposed to be the cause in but *fourteen* per cent. of the cases admitted the last three years. If this is any indication of the proportionate diminution of its influence in other respects, unfavorable to public health and public morals, the prospect is most cheering. We have had no case of delirium tremens for the last year, and very few since the institution was opened.

Of the *one hundred and fifty-two* cases of periodical insanity that have been in the Hospital, *ninety-four* have arisen from intemperance, nearly *two-thirds* of the whole. This has reference not only to those cases in which a renewal of the cause produces a return of the disease, but to that state of periodicity which occurs at short intervals, and at regular periods, the subjects of which, remaining in confinement, have no access to these means of excitement during the intervals of the paroxysms.

It has occurred to me, that the brain and its appendages, its nerves and blood-vessels, under the influence of the high stimulation of alcohol, and the corresponding torpor when that influence is not felt and its effect has subsided, may have a tendency, after a long time, to induce a habit of disease which does not yield with the removal of the cause. This may be true of other causes of this form of insanity as well as intemperance. It is peculiarly liable to take place in females at the period of the menses, and continue independent of this cause as well as the other.

In all cases of periodical insanity in which the paroxysms occur at short intervals of one or a few months, what is called the lucid interval is a period of more or less gloom and depression; in proportion to the degree of severity which either of these opposite conditions present is the corresponding one of excitement and collapse.

If intemperance, besides producing ordinary insanity and delirium tremens, does in fact induce such a state of the brain as to establish periodical insanity, the very worst form of all diseases affecting the mind, the whole catalogue of disastrous effects from it have not yet been known, and it may have in this way produced suffering as intense as any other calamity which has arisen from its noxious influence.

During the last year, a case of most appalling homicidal insanity, produced by intemperance, has been added to our large list of cases of this unfortunate class, swelling it now to *twelve* actual homicides, and *sixteen* who have made assaults with intent to kill, *four* of which have fortunately proved unsuccessful.

A large proportion of the cases of homicidal insanity have been produced by intemperance; and other individuals not strictly intemperate

seem to have been thrown by alcoholic drink into a state of temporary excitement, or such utter confusion of mind, as to make them quite unconscious of the influences which prompted to the fatal deed, or it has excited in their minds false and delusive impressions of duty which, though temporary, existed long enough to deprive a fellow-being of life, his family of a guide and protector, and the community of a valuable citizen.

The number of admissions from religious causes has been about the same as usual the past year. A subject so deeply interesting to the human mind as its eternal well being, must ever have an agency in the production of insanity; these cases come in bold relief before us, and we deprecate the influence which has produced them. All the most valuable institutions of society, however, are liable to the same objection,—marriage, education and civilization, as well as christianity, are the causes of insanity in many cases, though it is not the legitimate tendency of any of them to produce this effect.

There is no good without some corresponding evil, and the best institutions of society can be perverted so as, in individual cases, to produce mischievous effects.

Under the influence of many causes of disease affecting the mind, consolations of religion afford the best security and are the most effectual preventive. In a thousand cases religion interposes its soothing influences and confident hopes to secure the mind from distraction amid the evils of life, and thus doubtless prevents, more frequently than it causes, insanity. Without it, where would the agitated mind seek rest, or the perturbed feelings find repose?

The number of admissions from masturbation, the last year, have been less, and the cases of a more favorable character. *Six* cases only are known to have arisen from this cause; but probably *three or four* others may have done so. *Four or five* of these cases have recovered, and have been discharged with such feelings of the nature and tendency of the practice, as it may confidently be hoped, will ensure them from future indulgence and its consequences.

If, from this reduced number of cases from this debasing cause, we could indulge hope that the evil had diminished with the young, and that, as light is diffused upon the subject, the habit had become less common, it should encourage to perseverance in all the means which prudence and delicacy will admit, to exterminate a cause of insanity most fruitful in the destruction of every quality of mind and feeling which distinguishes man from animals of inferior creation.

The number of cases denominated hereditary, is very large on our table ; for facts on this subject we rely wholly on information derived from friends. If near collateral relatives are or have been insane, we call the case hereditary, wishing to be understood that the family have a propensity to the disease.

The influence of hereditary pre-disposition is rarely, perhaps never, sufficient to produce insanity without the intervention of other causes ; but, with such causes, we believe that insanity is much more certainly induced in individuals having this pre-disposition. If the exciting causes of disease are avoided, the strongest pre-disposition need not result in insanity.

We record *sixteen* cases of homicidal insanity, and *twelve* actual homicides. We denominate no cases HOMICIDAL in which there has not been an actual attack made with previous determination to kill, or a certain rush with a dangerous weapon in such a way as to endanger the life of the individual assailed. A great many patients in the moments of passion and excitement threaten to kill and even prepare or secrete a weapon for the purpose. We have not called such cases *homicidal*,—if we did, our number would be four times greater than the records of the table.

One man discharged two pistols at his neighbor and friend, neither of which took effect, although they penetrated his clothes ; he then fired a ball into his own head, intending to destroy two lives at once. Three others made a desperate attack upon persons against whom their prejudices were excited with a dangerous weapon in hand, and inflicted severe wounds which fortunately did not prove fatal. These cases are recorded homicidal, and no others, except those whose well-aimed efforts destroyed the victims of their rage.

As to suicidal insanity, we have been less limited in our record ; we denominate as suicidal not only those who actually attempt self-destruction, but also those who feel a strong desire to do it, or express great apprehensions that they shall be placed in a situation in which they cannot refrain from it, although they have the greatest horror of the deed, and alarming fears lest they should commit it.

The number of suicides has been small,—amounting to only *three* of nearly *nine hundred* insane, and of *one hundred* who were strongly predisposed to it.

TABLE 12. From this table, we learn some interesting facts on the subject of the comparative curability of insanity treated at early or late period of disease. There have been admitted into the hospital *three*

hundred and thirty-four cases of less duration than *one* year, of which there are recovered or supposed curable *two hundred and ninety-four*, which is *eighty-eight* per cent.

There will be found some variation in the number stated in this table and table 15th. This table is most accurate as it has been corrected from time to time as information has been received of the duration of the cases.

There have been admitted *one hundred and eighteen* cases of from *one* to *two* years' duration, of which *seventy-nine* have recovered or are supposed curable, which is a fraction more than *sixty-six* per cent.

There have been admitted *one hundred and forty-one* cases of from *two* to *five* years' duration, of which *forty-five* are recovered or supposed curable, which is a little less than *thirty-six* per cent.

There have been admitted *ninety-six* cases from *five* to *ten* years' duration, of which *twelve* have recovered or are supposed curable, which is *twelve and a half* per cent.

There have been admitted *one hundred and eighteen* cases over *ten* years' duration, of which *four* have recovered, which is less than *three and a half* per cent.

These facts show most clearly the importance of placing patients under suitable care in early periods of disease, when the prospect of recovery is so favorable as is represented by the table.

TABLE 13. At the commencement of the institution, in 1833, a large proportion of the cases came from the public receptacles where they had been accumulating for years. There were many vagrants, the cause of whose insanity was intemperance, so as to make about *one-fourth* of the whole, to wit, *twenty-four and three-fourths* per cent. of the admissions from that cause. Since that time the proportion has been regularly diminishing till the present year. In 1837 the proportion was only *ten and one-eighth* per cent., the last year it again increased to *sixteen and three-fourths* per cent., a proportion considerably greater than the *two* preceding years.

The regular increase of admissions from ill health probably arises from the fact that the Hospital has gained some reputation as a curative institution, and the friends of patients have felt increased solicitude to obtain the advantage of medical treatment here afforded. A large proportion of the private boarders are of this class of patients. During the past year this class has been unusually numerous, and the per cent. from the various causes of ill health is *twenty-eight*.

The cases from the various affections concerning property, and from religious causes have not varied much from year to year.

TABLE 14. From this table we learn the comparative curability of cases attacking at different ages.

The result of these observations differ very little from the last year. There have been admitted *one hundred and nine* cases in which insanity commenced under *twenty* years of age, of these *forty-nine* recovered or are curable, which is nearly *forty-six* per cent. ; last year the recoveries of this class were about *forty-nine* per cent.

There have been admitted *one hundred and twenty-one* patients in whom insanity commenced between the ages of *twenty* and *twenty-five*, of whom *sixty-two* recovered, which is *fifty-one and one-third* per cent.

There have been admitted *one hundred and nineteen* patients in whom insanity commenced between the ages of *twenty-five* and *thirty*, of whom *sixty-two* recovered, which is about *fifty-two* per cent. Last year the average on these two classes was about *forty-eight* per cent.

There have been admitted *one hundred and eighteen* patients in whom insanity commenced between the ages of *thirty* and *thirty-five* of whom *sixty* recovered which is about *fifty-one* per cent.

There have been admitted *one hundred and two* patients in whom insanity commenced between the ages of *thirty-five* and *forty*, of whom *fifty-two* recovered, which is about *fifty-one* per cent.

There have been admitted *sixty-four* patients in whom insanity commenced between the ages of *forty* and *forty-five*, of whom *forty-three* recovered, which is about *sixty-seven* per cent.

There have been admitted *fifty-five* patients in whom insanity commenced between the ages of *fifty* and *fifty-five*, of whom *thirty* recovered, which is *sixty* per cent.

There have been admitted *twenty-seven* patients in whom insanity commenced between the ages of *fifty-five* and *sixty*, of whom *eighteen* recovered, which is *sixty-six* per cent.

There have been admitted *sixteen* patients in whom insanity commenced between the ages of *sixty* and *sixty-five*, of whom *fifteen* recovered, which is nearly *ninety* per cent.

There have been admitted *fifteen* patients in whom insanity commenced between the ages of *sixty-five* and *seventy*, of whom *ten* recovered, which is about *sixty-seven* per cent.

There have been admitted *seven* patients whose insanity commenced

after the age of *seventy*, of whom *four* recovered, which is *fifty-seven* per cent.

TABLE 15. Having last year made a table in which was noted the day of the moon on which *three hundred and fifty* paroxysms of excitement commenced, I now add the experience of the last year in an additional number of *seventy-five* paroxysms, making in the whole *four hundred and twenty-five* paroxysms. The greatest number of paroxysms, as will be seen in the table, occurred on the *second* day of the *first* quarter, which was *twenty-seven*; this was also the case the year before, the number then being *twenty-two*.

This year the next greatest number will be found on the *first* day of the *second* quarter, which was *twenty-four*. Before the addition of those of the last year the day previous had the *second* number.

On the *third* day of the *fourth* quarter there occurred *twenty-one* paroxysms which is the *third* number.

On the *last* day of the *first* quarter and the *third* day of the *third* quarter an equal number occurred which is *twenty*.

The results of the present year have varied the results of former years but little, of *four* days that had the highest number this year, *three* had the highest last; these *four* days have an aggregate of *ninety-two* paroxysms, while the *four* days on which the least number of paroxysms occurred have an aggregate of *thirty-one* paroxysms only. *Three* of the *four* days having the least number are the same as in the table last year, *one* is different.

The days of the moon on which occurred the least number of paroxysms, will be seen to be the *first* day of the *first* quarter, the *third* day of the *second* quarter, and the last *two* days of the *fourth* quarter. The extremes are *twenty-seven* and *five*.

With respect to the *fifty-three* deaths which have occurred in the Hospital, an equal number occurred on the *second* day of the *first* quarter, on the *sixth* day of the *second* quarter, and on the *last* day of the *third* quarter, which was *five*.

On the *third* day of the *first* quarter, on the *sixth* day of the *third* quarter, and on the *fourth* day of the *fourth* quarter, an equal number of deaths occurred, which was *four*.

On the *fourth* day of the *second* quarter, on the *fourth* day of the *third* quarter, and on the *second* and *sixth* days of the *fourth* quarter, no deaths occurred.

We have collected these facts with as much care as the nature of the subject will admit, time only can render them useful or

interesting as sustaining or overthrowing the popular opinion which, for centuries, has been prevalent with respect to the influence of the moon on the excitement of the insane. We have no theory to establish and, of course, can wait the results of long experience and careful observation without a desire to make any deductions from them at this time.

In about *thirty* cases of periodical insanity that have been in the Hospital, the periods have been regular every *four, six, eight* or *twelve* weeks. A majority occur at monthly periods, that is, a lucid interval one month, and an excitement the next, making about *six* paroxysms in a year; others have *four*, and others have *two* paroxysms annually. In some cases the paroxysm occurs *once* a year regularly, but if the period is longer than this, it is usually more irregular.

In *one* case belonging to the Hospital, regular paroxysms with regular lucid intervals have occurred, each about *six* in a year, for at least *twelve* successive years. Other cases have long been with us in which the paroxysms occur at nearly as regular periods.

One female is now in the Hospital who is greatly excited about *two-thirds* of the time, and is quiet and rational the remainder. These excitements occur at nearly regular periods.

There have been *two* cases in which every other day was a day of excitement and the alternate day quiet.

During the very warm weather of the last summer we had unusual excitements in the Hospital, and we have always found the winter more quiet than the summer months.

TABLE 16. Shows the proportionate recovery of cases of insanity produced by different causes.

The number of cases caused by intemperance has been *one hundred and fifty-eight*, of which *eighty-one* have recovered, or are curable, which is about *fifty-one* per cent.

The number of cases admitted, the cause of which are the various domestic afflictions, has been *one hundred and ninety-three*, of which *one hundred and twelve* have recovered, which is a little less than *sixty* per cent.

The number admitted arising from ill health, has been *one hundred and fifty-five*, of these *ninety-seven* recovered, which is more than *sixty-two* per cent.

The number of cases admitted arising from religious causes, has been *seventy*, of which *thirty-nine* recovered, which is more than *fifty-five* per cent.

The number of cases from masturbation has been *eighty-one*, of which *fifteen* have recovered, which is about *eighteen and a half* per cent.

On the subject of this last cause it is proper to remark that it is impossible to decide what cases arise from it, and in what cases it is the effect of disease; this, however, is certain, that it renders all incurable that do not abandon it.

TABLE 17. In this table I have brought together various interesting facts, and presented the per cent. of recoveries, deaths, &c.

We learn from it that, in cases of less duration than one year, insanity is a very curable disease, the recoveries of all that have been discharged being *eighty-five* per cent., varying from year to year, for the six years, from *eighty-two* per cent., annually, to *eighty-nine and a half* per cent.

The recoveries of all the cases discharged has been *fifty-three* per cent. on an average, varying *from forty-six and a half to fifty-seven* per cent.

The recoveries of cases of longer duration than *one* year has averaged *nineteen*, varying from *fifteen and a half to twenty-five and a half* per cent.

These calculations have been made on the discharged. The following are made on the admitted.

There have been admitted since the Hospital was opened, *three hundred and thirty-four* cases of less duration than one year, of which *two hundred and seventy-six* have recovered, which is about *eighty-two and two-thirds* per cent.

In most institutions, it is customary to deduct cases that have not had sufficient time; this may be said of the *twenty-eight* recent cases left in the Hospital at the end of the year; these deducted, the per cent. of recoveries will be *ninety and one half*.

If we make a further deduction of the deaths of the cases from this class, which is also the rule in many institutions, we should increase the per cent. to about *ninety-four*.

There have been in the institution *eight hundred and fifty-five* patients of all forms of insanity; of these, there have been discharged recovered *three hundred and forty-four*, which is *forty and one-fourth* per cent.

The various modes of reporting adopted by different institutions make it extremely difficult to ascertain with accuracy the comparative success of each. Some institutions make a recent case one of three

months' duration ; others make it six months, which I believe is the general rule adopted in this country. We have called a case recent, that is of less duration than one year.

There is great propriety in deducting cases of insufficient trial, as the disposition of friends to remove patients when recovering is quite too common and very disadvantageous to the institution.

In the course of the last year, *six* private patients who had been insane less than a year, and who were in a state of most favorable improvement, were removed from the Hospital by their friends. Five of these afterwards returned by order of the courts ; one has been discharged recovered, and the others are now convalescing. Thus *six* individuals have been recorded as *eleven* cases on our records, making *six* cases improved when discharged and not cured, which materially diminishes the per cent. of cures, both on the discharged and the admitted. If these cases had not been discharged till recovered, we should have had *five* less admissions of recent cases the past year, to wit : *seventy-seven*, instead of *eighty-two*.

In this institution, we have some advantages over others ; we can retain patients committed by the courts when improving, till they are recovered, which private institutions cannot do. They can, however, reject them if presented for admission a second time, which we cannot do if sent to us by the authority of the courts, so that our advantage is in this way counterbalanced, and we have a great disadvantage as a curative institution in the number and condition of old demented cases that cannot be discharged.

Of the deaths that have occurred in the Hospital, *twelve* have been of recent cases, and *forty-one* of old cases. No one has died of fever, and *four* only of inflammatory disease.

The proportion of deaths must be considered small for the number of the imbecile, feeble and diseased that have annually been brought to our care, being only *fifty-three* of *eight hundred and fifty-five*, a little more than *six* per cent. ; the average on the number in the Hospital each year, is about *three and a half* per cent.

The proportion of old cases at the end of this year has been about the common average ; it is *eighty-seven and a half* per cent., and the recent cases of less duration than one year, *twelve and a half* per cent. The number remaining this year is *twenty-eight*. The average number of recent cases at the end of the year for six years, is *twenty-three and one-third*.

TABLE 18. Shows the comparative expense of supporting a recent case of insanity till recovered, and an old case which is hopeless and incurable. The price of support before admitted to the Hospital is, in both cases, fixed at a low rate, probably lower than the actual expense, but since admitted into the Hospital, it is fixed at the actual rate of charge paid for support.

The *twenty* old cases in the table are the first *twenty* cases admitted into the Hospital which still remain, and which are known to have been in confinement nearly the whole time.

The *twenty recent cases* recovered, are taken from the last records of recovery; the cases known to have existed not over three months, all of which have remained free from disease and able to labor, so far as is known, since their discharge.

These *twenty* old cases have cost their friends or the public, in the aggregate, *thirty-one thousand and fifteen dollars*,—an average of *fifteen hundred and fifty dollars* and a fraction, each. The subjects of them are still in confinement at the same rate of expense without a hope that it will be materially lessened. The number of this class of patients now under our care, is not less than *one hundred and ninety-five* who will always be a burthen upon their friends or the public. The annual expense of supporting these *one hundred and ninety-five* patients at *two dollars and fifty cents* per week, is *twenty-four thousand three hundred and fifty dollars*.

If we suppose that these patients on the average should continue to live *ten* years each, the expense of future support will be *two hundred and forty-three thousand five hundred dollars*, a sum sufficient to erect a hospital in every New England State sufficiently large for the accommodation of all cases of insanity of less duration than one year, which will be likely to occur for half a century. Allowing this estimate to be true, the sum which will be expended in the support of *twenty* old cases of insanity, will be *sixty-seven thousand and fifteen dollars*, or *three thousand three hundred and fifty dollars* for each individual.

If these *twenty* cases had been subjected to proper medical treatment in a Hospital, when recent, we may suppose, that at least *seventeen* of them would have recovered at an expense not exceeding the average cost of support of the *twenty* recent cases in the table, to wit: *forty-seven dollars and fifty cents*. There would then have been a saving of actual expense to the friends or the public of more than *fifty-seven thousand dollars*, a sum sufficient to erect and endow an institution for the support of *twenty* recent insane persons perpetually.

This is not all, the seventeen persons who should recover under proper treatment, would no longer be a burthen upon their friends and useless in society, but would contribute their share to public and private wealth, domestic comfort, and the pleasures of rational life.

The *twenty* recent cases of insanity in the table had been affected, on an average, *six and a half* weeks before admission to the Hospital, and continued in the Hospital *twelve and a half* weeks. Most of these cases, however, were convalescing at least half this time, and were quite rational and free from disease from *two to four* weeks before they left. This does not affect the *price of support*, but will diminish the *period of insanity* on an average from *nineteen* weeks to nearly *sixteen* weeks.

The comfort and happiness of at least *ten* individuals is more or less disturbed by every insane person that is abroad in the community. Of the *twenty* old cases in the table, *six* are homicidal, having inflicted wounds of which *four* were immediately fatal. Thus, to the common disturbance and anxiety of friends occasioned by the insane, is added the deep and irreparable loss of valuable members of families, sacrificed to their rage and delusions, all of which might have been prevented by the timely application of the appropriate means of recovery !

I have now gone through the explanation of the tables, in a manner to render them intelligible to all who may wish to examine them for information. Much has been said in them of the per cent. of recovery and improvement, and the number and condition of the patients admitted ; but there is one benefit derived from the Hospital which cannot be estimated in figures or presented in tables of per cent., which is equal to any other that can be contemplated or named. I refer to the improvement in the condition and comfort of the great number of hopeless and incurable insane that have come into its wards, for the amelioration of whose state, and the preservation of the community from danger, the institution was principally designed.

In the abstract of our records at the commencement of this report the term "not improved," is often used. This relates to insanity alone, for in every other respect the condition of a large proportion of the inmates of the Hospital is greatly improved. The furious and violent have become quiet and docile ; the filthy and degraded have become cleanly and respectful ; and the circumstances in which they are now situated, contrasted with the condition of suffering and wretchedness in which they formerly were, will be found to exhibit great improvement and decided benefit.

While this paragraph is being written, with every room in this large establishment occupied, amounting in numbers to more than *two hundred and thirty* patients, but *one* individual, either man or woman, in our wards has upon his or her person any restraint whatever; five only are in strong rooms in consequence of violence; the remainder of the strong rooms are occupied by imbeciles and idiots, because we have no other place for them to occupy.

Of this number of insane persons, a very great proportion of whom were sent into the Hospital "furiously mad and dangerous to go at large," *two hundred and twenty* at least sit at the table at their meals, use knives, forks and crockery like other boarders, and generally conduct themselves with decorum and propriety. At night, each has his bed, consisting of a good hair mattress, a straw bed, pillow of hair or feathers, and covering of blankets, comforters and quilts, a bedstead, &c., as comfortable in all respects as lodgers in a private family generally are. It is rare that these privileges are abused; no injury has ever been done with knives and forks, comparatively little crockery has been broken, and the beds have been preserved neat and comfortable, with very few exceptions.

Many of these individuals engage in labor and unite in amusements, thus occupying their time profitably and pleasantly, so that few manifest any particular solicitude to leave or make any effort to escape.

During the past year we have relaxed the rigor of confinement, and, in a great number of cases, suffered our patients to go into the garden or workshops to labor, or into the fields and village for exercise and recreation, indulging them in long walks, on a pledge of punctual return, without any attendance or supervision; and we have seen the most decided benefit from these indulgences. At least, *eighty* patients have thus gone unrestrained during the past season, spending day after day, and week after week, in this independent manner, and no one has escaped, or apparently wished to leave the Hospital till regularly and honorably discharged. Not less than an equal number have labored more or less, or taken long walks and rides so slightly attended as, in innumerable instances, to admit of easy escape, with equal safety and advantage: the attendants, in such cases, being considered by them as guides and directors, rather than as task-masters and watchmen. Another class of patients, whose violence or discontent precluded these indulgences, have labored almost daily under the eye of a skilful and vigilant attendant, and have been made more healthy and happier by the exercise thus afforded them. Besides these indulgences

without the walls of the Hospital, the verandahs afford delightful opportunities of exercise and airing, amusements and labor, particularly to the females which contributed greatly to their comfort and happiness. These indulgences are extended alike to all who are capable of appreciating them. The benefit that has resulted from these and other modes of management in daily operation cannot be better illustrated than by the brief rehearsal of a few interesting cases, most of them from the list of incurables.

No. 1. Within a month after the opening of the institution, there was placed under our care a man who had committed homicide. On his trial for that offence, he had been proved insane, and, for want of a more suitable place, was confined in the common jail of the county in which the offence was committed. Here he had been imprisoned *seventeen* years, sometimes being permitted to have the company of the worst prisoners with whom he often quarrelled, and by whom he was often sadly beaten and abused ; sometimes he was a long time in solitude and occasionally loaded with heavy irons, at all times he was in close confinement and considered a dangerous man even when under the severest restraints.

When he first came into the Hospital he was violent, noisy, and often furious ; he was permitted to enjoy the privilege of walking in the hall unrestrained on condition that he would not injure his associates. he soon became more calm and pleasant, and was occasionally taken out to labor ; he conducted well, and was soon indulged with greater liberties ;—the bible was given him, and he was fond of reading it ; he worked much abroad and with great pleasure, assisted the women in the kitchen to scrub the floors and in their other labors. He has been thus indulged more than *five* years, he has injured no one abroad, and has been respectful and civil. He now takes his meals at table quietly and orderly, attends chapel much of the time, and, although a very insane man, and at times violent in his language, is contented, peaceable and happy, and when calm has no desire to leave the Hospital, but considers it his residence for life.

No. 2. In the spring after the opening of the institution, a female was admitted who had been insane *seven* years. She was so extremely violent for some time before she was brought to the Hospital, that her friends had chained her closely to the floor, and she had remained in this position so long that she had entirely lost the use of her limbs. When she came under our care she was considered incurably insane and lame for life. At first she was quite helpless as to getting about,

but so furious at times as to tear her clothes and do violence to all within her reach. By persevering efforts her limbs were after a while restored, and her health and mind improved.

She went home to her friends and remained a year, but finding that, though greatly benefited, she was not entirely cured, her friends, with her consent, it is believed, again brought her to the Hospital. During her second residence with us she did better than before, but still exhibited a capriciousness of temper and estrangement of feeling that showed remains of disease. She was again put upon the use of remedies which she continued *six* months, when she seemed to be entirely restored. She now returned to her friends, and has since been well both in body and mind, and is now a pleasant, industrious and healthy young woman.

No. 3, is a case of homicidal insanity, the subject of which has been in confinement *thirty-four* years. Before he came to the Hospital, he had for more than a quarter of a century been confined in a filthy dungeon without the comforts of life, with neither bed nor covering to keep him warm, and infested with vermin to such a degree that he could hardly sleep if the means of comfortable repose had been afforded him. He declares that for *seven* winters he did not feel the influence of fire, and that on one occasion a stout and healthy cock lighted upon a tree by the window of his cell and froz to death ; this was the "cold Friday and Saturday" which, in the recollection of all who felt its influence, was proverbially the coldest season of the cold. During these *three* days he declares he did not lie down or sleep, but kept continually walking to keep himself from freezing. He remained in this solitary and filthy cell, the object of the sport and abuse of every idle and mischievous person who took delight in the rage and violence which he could excite, till removed to the Hospital.

When he entered this institution he was furnished with a neat and cleanly room, a comfortable bed, and every thing necessary for his happiness. He had not been shaved for many years, he had not eaten at a table or in company, neither had he used a knife and fork during the whole period of this protracted confinement ; he soon, however, relearned their use, and became, to a considerable extent, a civil, quiet man.

Although the delusions of insanity remain the same, he is now comfortable and happy, he walks abroad at this time unrestrained, takes great care of the poultry, walks about the town and village in company with others, keeps his room in perfect order, makes his bed in the

neatest manner, attends chapel every Sabbath, and enjoys life as well as the nature of his delusion will permit.

NO. 4. In the summer of 1834, there came into the Hospital a foreigner whose great violence had rendered him the terror of all who came in his way; his beard was long and dirty, his countenance exceedingly insane, and the rapidity and vigor of his muscular movements were such as to excite alarm in all who witnessed his gestures or listened to his vehement and excited language.

The first business was to shave him. Accompanied by the steward I visited his room to persuade him to submit to the operation without restraint. I proposed to him to be shaved, he replied, "not till you put me in irons," and appeared greatly enraged. He was soon quiet, and I said to him in a decided tone, "you must be shaved; take your seat on the bench, and let the man shave you peaceably, for it must be done." He seated himself quietly, and was shaved without trouble. After the operation was over he asked me to give him a paper to show that the shaving was not voluntary but by compulsion, as his countrymen would not receive him and treat him with respect if he had lost his beard which his religion obliged him to hold sacred. I promised him the certificate and he was satisfied, but was afterwards unwilling to be shaved although he never again resisted. He left the Hospital after some months' residence, in consequence of its crowded state, but returned *two* years afterwards the same savage, terrific man as before. He was violent for a time, but became more subdued, and after a while quite harmless and clever, except, occasionally a few days of excitement. During the summer and autumn he has walked the grounds and enclosures of the Hospital unrestrained, on giving his pledge that he would not extend his walks beyond the limits prescribed to him. He has been faithful to his engagements, and, although no less insane than ever, and having a full conviction that he ought to be immediately liberated, and that we have no right to detain him; yet he scrupulously regards his pledge, and will not violate it upon any consideration. He flies his kite, unites in sports with the neighboring boys who are fond of visiting him, is generally respectful, and attends public worship on the Sabbath much of the time.

CASE 5. In the spring of 1835, a man was brought into the Hospital who had been insane *sixteen* years. He had been confined for a long time in a cage, and having become more quiet than usual, he was unchained and enlarged, he seized the first weapon that came in his way, assailed his brother, who was also insane, and slew him on the

spot ; one or more other members of the family were fortunate enough to escape his violence, and as soon as practicable he was secured and chained in the safest way possible, and so closely that he was unable to walk or rise. In this situation he was brought to the Hospital. When he first came under our care, he was unable to stand or walk, but could hop about a little. In this manner he moved for many months. His habits were as filthy as possible ; so much so that he was confined for a time in a solitary room ; he had nearly forgotten the use of knife and fork, and took his food in the most savage and offensive manner. It was a long time before these habits could be changed. After a time, however, he became more decent in his habits, and more cleanly in his person. His limbs, by the greatest attention, improved, and in a year he was able to walk, though in a very indifferent manner. As his habits became more cleanly, he was brought into the halls and associated with the other patients. In the course of another year, he was able to walk well, his habits became cleanly, and he could do some labor ; at present he is altogether cleanly, walks well, takes his food at table with others, using knife, fork, and crockery, walks abroad, works some, has attended chapel on the Sabbath, and is a very decent man in all respects so far as cleanliness is concerned. His mind is much demented, and will never recover.

CASE 6. The following account of a man, who, for most of the time for more than twenty years, had been confined in a cell of a work-house, was transmitted to us about the time that the subject of it was admitted to the Hospital. He is a man of *sixty-eight* years of age, and has been insane nearly *thirty* years.

J*** M***, the person about whom you request information, was born in this town ; he is a shoemaker by trade ; his natural temper is irascible and, before his confinement, he drank spirituous liquors freely and habitually, but not to the extent which, in popular language, gives the name of drunkard. He married early, and has a wife and children in the State of ——. His insanity first discovered itself in the violence of his language, the abuse of his family and others. He was prosecuted at this time for beating a colored woman, merely for the reason that she was a negro. After this, he was confined in the county jail ; this was during the summer of 1812. After his release from prison, he remained at large, although frequently insane, till 1816, when he was confined to the house of correction, by two justices of the peace, as a lunatic person so furiously mad as to render it dangerous to the peace and safety of the people for him to go at large. After remaining in

the house a few months he was discharged, and for a time attended to his affairs with occasional aberrations of mind. His conduct becoming outrageous he was committed to the work-house, and has remained there until this time, a period of more than twenty years, and most of the time has, of necessity, been confined in a cell ; sometimes he has been so calm, and rational as to be permitted to associate with other inmates of the work-house ; but as the recurrence of the more violent symptoms of insanity could not be foreseen, he has frequently been kept in close confinement during the intervals between his paroxysms, when, under other circumstances, he might have been at large. He has never showed any disposition to put an end to his own life, but has frequently destroyed his bedding and every thing within his reach. For years he has had antipathies against particular persons, so that, when in his fits of violent derangement, he would uniformly utter the most abusive language to them. His language is frequently profane, obscene and noisy, sometimes continuing his hallooing through several nights in succession.

I have rather given the sense than quoted the language of the writer, in his interesting account of this case. His father was insane many years ; and his sisters more or less so. In February last, this man came into the Hospital ; for several years before his removal he had not been shaved. On the journey, which was on a cold day, he took some cold and appeared considerably sick ; he was at this time uneasy and impatient ; but we kept him in the hall with sixteen others, and he injured no one. He was at first unwilling to undress at night and take his food at table. After a while, however, he consented to do both, and for a long time has given us no trouble of this kind. In less than a month he attended religious worship on the Sabbath, and continued to do so for many weeks in succession. Sometime in the month of June he became excited ; for a few days he talked much and loud ; he was soon calm, and has continued so ; he is now pleasant and quiet, walks about occasionally without attendants, goes to chapel on the Sabbath, dresses neatly, is very cleanly in his person, is civil and respectful to all in authority, and harmless and docile with all other patients with whom he associates ; he keeps his bed, room, and garments clean, takes his food at table with knife and fork with propriety, and is in all respects a decent man. His mind is as insane as ever ; he has great possessions in his native town and in Boston, and offers large sums if he can go on to his farm and be suffered to manage his own business unmolested.

CASE 7. Among the first patients committed to the Hospital, was a vagrant, who, having wandered from his native State in the far West, was taken up and confined in one of the Houses of Correction in this Commonwealth. It was not known how long he had been insane, or what had caused his malady. The place of his confinement was not the best, and when he came into the institution his appearance was most forbidding. He was a mere skeleton in flesh; his countenance was haggard in the extreme; and he looked as if he was fast declining under fatal disease; his mind was as dull and imbecile as his body was emaciated; he had a voracious appetite, and complained of having been starved; he was entirely negligent of his personal appearance, and his habits were all vitiated and depraved. He was allowed as much wholesome food as it was proper for him to have; but it was a long time before he became satisfied with his supply. His room was neat, and his bed comfortable, and it was enjoined upon him to keep them so. After a while, his appearance improved; he gained flesh and strength, in the course of *three or four* months his health became good; and he has since become corpulent and enjoys excellent health. His mind and feelings, however, did not improve so favorably, he was morose, ill-natured and obstinate. He made a desperate attack upon the Steward, who was endeavoring to persuade him to labor, and was determined that he would not work at any rate. After a while he could be persuaded to do some work, and in the course of the year became reconciled to labor; he now assists much in the domestic work of the establishment, and often goes into the garden and field, and labors faithfully. The vigor of his mind has hardly kept pace with the increase of his physical strength, but has brightened up greatly, and he has become a very pleasant man. The greatest change has been made in his habits; it was nearly two years before he desired to change his habiliments, and assume the character of a gentleman; he then wanted better clothes; they were furnished him, and he was very much gratified; he kept them well, and they made him respect himself. He now works every day, goes about the premises wherever he pleases, attends chapel every Sabbath attired in his "Sunday suit," with his "fingered gloves" and his "nine dollar hat," and enjoys himself well. He is still very insane, owns many houses and farms, great stocks of cattle, and vast possessions in this town and elsewhere, which he sometime intends to visit and enjoy.

CASE 8. In the Spring of 1836, there was brought into the institution, a female, who had been long in confinement, and who was reduced

to degradation the most extreme and miserable that it is possible to conceive; so bad were her habits that she was kept in a solitary room where she was regardless of all decency; she had not, for a long time, associated with any human being, and was considered hopeless and incurable. She was dressed in a decent suit when brought to the Hospital, and when introduced into her neat and pleasant apartment, she seemed pleased. The next day she worked a little and showed that she had not forgotten how to labor, and she was encouraged to persevere. Her personal habits, however, continued bad for a long time; as she was brought to mingle more with decent society and saw what were the practices of others, her self-respect increased, and her habits improved. She is now neat and cleanly in her person, engages in daily labor in the work-room, attends the matron's parties weekly, and dresses genteelly; she attends chapel every Sabbath, and much of the time has united in our choir of music, and thus from the most degraded and filthy being, she is transformed into a decent and useful woman. Yet there is no change in the state of her mind; she is as insane as ever, and has the same delusions which have characterized her case from the commencement.

CASE 9. The subject of the following case of Homicidal Insanity came into the Hospital in the Spring of 1834. He was a young man of *twenty-three* years of age when he committed the deed. He was known previously to be somewhat insane, but was supposed to be harmless, and entirely safe to be at large. On the morning of the homicide, he was left in the room with a child, some accounts have said, asleep in a cradle, but he says in a bed, while the mother of it went to milking. While she was gone, an irresistible impulse seized him to kill the child; he took a razor and cut its throat so effectually that it appeared not to have moved; and when the distressed mother returned to witness the horrid spectacle, it was dead. He then seized an axe and followed an aged gentleman to destroy him also; but he was rescued in time to save his life, and the maniac was arrested and confined. It has been said that he acted at the time from the supposed direction of Almighty power which he dared not resist; he denies this at present, and says he can give no reason why he killed the child, but he could not help it and is entirely innocent. For a long time after he came into the Hospital, he had turns of great anxiety and distress; at such times he would repeatedly and loudly proclaim his innocence.

From the time of the homicide till he came into the Hospital he was in confinement in the jail of his native county, except for a season when

he was in an institution for the insane, from which he returned to the jail without particular benefit. For a long time after he came under our care he was a most unhappy man, talked loudly, vehemently and frequently about the child, and always has appeared particularly afraid of death. He has, for the last year or two, been generally quiet, works well, appears neat and cleanly in his person, keeps his room in good order, takes his food in the most quiet and orderly manner, attends chapel, and conducts himself well every Sabbath, and always wears a pleasant countenance, on which, nevertheless, anxiety is often seen to dwell; and he most earnestly wishes that, if he dies, he may be removed to his native town and be buried with his fathers.

He is not very communicative on the subject of the homicide, it is possible he may not recollect all the circumstances of that dreadful day which has, for years, filled his mind with so great apprehension and alarm.

CASE 10. The subject of this case came into the Hospital in the autumn of 1837; he had been insane about *eighteen* months; his age was *sixty-seven*. The information given respecting him was this. The winter of 1836 was one of great severity in the region of his residence.

The supply of fodder for the cattle was deficient, and among others, our patient suffered greatly in his feelings to see his stock suffering with hunger, and, being unable to procure the means for their subsistence, was obliged to see some die of starvation, others he killed to save them from the same dreadful end. In addition to this, his wife sickened and was languishing with a rapid consumption. He was sustained in all these trials by the consolations and promises of Christianity; he was an exemplary professor of religion, and his piety was ardent and sincere. In March 1836, a pig belonging to him was attacked with hydrophobia and was running at large among his and his neighbors' flocks; he with others had great difficulty in securing the dangerous animal, and it cost them a labor of many hours to accomplish it; he became greatly fatigued and felt unpleasant sensations in his head, and on the following nights was sleepless and restless. His head feeling so bad, he was advised to be bled. This was done freely; but he gained no relief, and almost immediately became worse. For the first time he now neglected to read his Bible, and omitted his morning and evening devotions. His sleeplessness and restlessness disturbed his sick wife, and he took separate lodgings. He now felt strangely indeed, and began to look upon himself as the vilest of men; the Bible, which had

been his delight, became a thorn to him, and for months after he came to the Hospital the sight of it, mentioning it, or hearing it read, would throw him into the greatest possible excitement, and he would scream violently. While in this condition he had a great propensity to suicide, and, on one occasion he ran, with all speed, to a neighboring river, intending to drown himself; some of his friends seeing him and suspecting his object, pursued and overtook him, thus preventing the dreadful purpose of his mind.

When he arose from his bed on the morning of the 19th of March, as he related the story, having passed a sleepless and wretched night, he felt as if he could tear in pieces every thing before him; a sudden impulse seized him that he must kill his wife; he rushed into her room, seized her as she lay sleeping, exceedingly feeble and emaciated, threw her upon the floor with great violence and stamped upon her. She awoke in great fright, screamed "murder," and exclaimed, "Mr. _____, you have killed me." The family were aroused by her cries, and soon came to her rescue. He was secured and confined; his wife failed rapidly after this, and soon died. From this time he became impressed with the idea that he had murdered his wife; her image was constantly before him as she lay upon the floor, her countenance wild and terrific, and the exclamation, "you have killed me," constantly sounded in his ears. Before and after he came to the Hospital he would exclaim at the top of his voice, "I killed my poor wife," and become so agitated that his whole system would tremble with agony and alarm. At the time of his wife's death he became frantic from the conviction, that he had committed murder and killed the wife of his youth whom he tenderly loved; he said he was "given over to the devil," was "unfit to live," and "a fit associate for the meanest imp of the infernal regions." He contemplated suicide and sought opportunities to effect his object, but was constantly watched by his family, or confined so as to prevent it. At times he would be so calm as to labor moderately; but he informed me that, so great was his propensity to kill his associates and the children that were about him, he dared not trust himself with the implements of labor in his hand, and that on more than one occasion he dropped them and ran away. He felt an irresistible propensity to kill, yet shuddered at the thought of doing a deed so horrible; he knew it was wrong, but yet in a moment it would return again so forcibly, that he could not restrain himself. When most calm, he suffered most from the apprehension that he should do some terrible

deed ; when this impulse to destroy was greatest, and a mighty struggle was going on in his mind, whether he should instantly destroy his family or not, *they* were often quite unconcerned, pursuing their employments, not suspecting his designs.

On one occasion he felt that he must burn his barn ; he instantly seized a fire-brand and ran towards it with the fullest intention of accomplishing his object ; he was fortunately prevented by the interference of his friends. Much of the time his thoughts were occupied by the contemplation of suicide, and the impression that he must commit homicide.

For a long time after he came to the Hospital he was the most wretched man conceivable. At the sight of the Bible he would scream many minutes so loud as to disturb the whole establishment ; by a visit from myself he would be thrown into the greatest agitation, and declared that he wanted to kill me and would kill me, making use of language violent and profane. At times he was composed and rational, would converse calmly, tell a story collectedly, and perhaps while seated by him, one of these impulses would seize him, he would be instantly in a rage and scream with frightful violence.

It was many months before he improved essentially ; his physical health was bad ; he had frequent, slight attacks of erysipelas in the face, and other sudden attacks of ill health. After a long time he became more composed and cheerful ; his diseased impressions wore away ; he was able to read the Bible with comfort and satisfaction ; attended religious worship in the chapel ; lost his gloom and despondency, and became a pleasant, social and rational man. He left us and returned to his home with the best feelings towards the institution and all his former affection and attachment to his family. Most of the facts above detailed respecting the patient before he came to the Hospital were derived from him after his mind became composed and rational.

The history of similar cases might be written to fill a volume ; but enough has been presented to show that the institution, besides restoring many to health and soundness of mind, is ameliorating the condition and increasing the happiness of a large class of the most unfortunate of human sufferers whose history is never given to the public ; and these cases are, from time to time, presented to show the benefits which result from watchful care and mild management in cases hopeless and incurable.

The results of labor have never been more satisfactory than the past

year. It is the first season that we have improved the land procured for us by the munificence of the government; much of the farm purchased for us was in a low state, and will require enriching and cultivation to make it as productive as it ought to be; it has, however, already been very much improved. There is a manifest difference in the feelings of the cultivator when the land is his own or that of another; this feeling pervades our family as well as others. The inmates who labor have taken an interest in all improvements, and have lent a cheerful hand in effecting them.

The garden, which has been cultivated for some years, has become quite productive, and is an interesting field of labor to a very large number of the inmates. *Ninety* per cent. of the labor of a garden containing *four* acres, cultivated principally to roots and minor vegetables, has been performed by patients, many of whom have derived great pleasure and advantage from the exercise.

The following statement, furnished by the Steward, shows the amount of produce raised, the profit of our agricultural and horticultural operations, and the labor on improvements of various kinds.

In the garden were raised

500	bushels of Carrots	at	40 cents a bushel,	\$200 00
200	" Beets	"	40 "	80 00
80	" Onions	"	90 "	72 00
75	" Turnips	"	40 "	30 00
90	" Ruta Baga	"	2 shillings	30 00
100	" English Turnips	"	25 cents	25 00
1000	Cabbages	"	5 "	50 00
1 1-2	loads of Winter Squashes,			30 00
5	" Pumpkins at \$1 50 per load,			7 50
4	barrels of Pickles,			16 00
Green Vegetables in abundance, as Beans, Peas, green Corn, Squashes, Lettuce, Cucumbers, &c., estimated at				75 00
Produce of the Garden,				\$615 50

Besides this amount a large quantity of excellent fodder was furnished from the tops of the Ruta Baga, Beets, &c., which almost wholly fed a pair of oxen and seven cows for some weeks during the season of drought.

On the farm were raised		
300 bushels of Potatoes at 37 1-2 cents per bushel,		\$112 50
40 " Corn at \$1 17 " "		46 17
16 tons of Hay at \$15 per ton,		240 00
10 loads of Pumpkins at \$1 50 per load,		15 00
Corn Fodder, estimated at		10 00
Pasturing seven cows 22 weeks, at 50 cents,		77 00
		—
	Farm,	\$500 00
	Garden,	615 50
		—
		1116 17
We have raised, fattened and killed		
12 hogs, weighing	4800 lbs.	
6 pigs, "	1720 "	
	—	
	6520 lbs. at 11 cts.,	717 20
Pigs sold, \$26 00 ; killed 2, \$5 00 ; Poultry, 128 lbs. at		
16 cents,		51 48
		—
		1844 85

In addition to this, much labor was employed in various improvements on the garden and grounds. At least *one hundred* rods of wall have been built, the stone dug and drawn, ditches have been made, land cleared of bushes and stones, &c.

The *sixteen* tons of hay were mowed and made entirely by the patients; the carting alone being done by the farmer. From *four to five hundred* cords of wood have been sawed and piled; *two* cellars for the infirmaries were dug, *fifty-one* feet by *twenty-two*, a very large proportion of which labor was performed by the inmates of the Hospital.

The females have not been less industrious than the males, but have been constantly employed in the various departments of domestic labor, making clothes and bedding, knitting socks and stockings, binding shoes, &c.

In the shops, more or less labor is constantly done. In the carpenter's shop, the labor has been principally confined to repairing furniture and utensils, and making such articles as are needed in the establishment.

In the shoe shop, the following statement will show the extent of our operations.

The amount of work done, according to the statement of the Overseer, with value of tools and stock on hand,	\$1264 66
Expenses have been for stock,	\$650 27
" " tools,	59 98
fuel,	10 00
Board and wages of Overseer,	301 82

	1022 07

Making a profit of	\$242 59

The shop has been in operation *ten* months.

There have been from *two* to *four* inmates in this shop constantly, during the season ; they have been required to do but little labor, no more than has been advantageous to them. In a number of cases, this labor has proved decidedly beneficial to convalescent patients, and has done good to all. There may be some discount on the value of manufactured articles on hand ; but there can be no doubt that the business has afforded a profit ; and its convenience in repairing and furnishing shoes for our family, must be obvious to all.

At the commencement of the report I remarked that we had enjoyed uncommon health in the institution, and that much benefit in this particular, may be attributed to the excellent arrangements, in the Hospital buildings, for *warmth* and *ventilation* ; both these objects are effected by hot air furnaces in the basement. From much experience and no little reflection I am fully satisfied that every other mode of warming, is objectionable ; and no other assists in ventilation, an object hardly secondary to warmth, as a means of promoting health in this and similar establishments. Stoves, steam and boiling water may be used to afford a proper degree of temperature, but can never be as safe and effectual as the furnaces which are here used. From the former, the warmth will not be well diffused, and the temperature will not be equal in different parts of the apartments ; some parts will be too warm, and others too cool, and the air will rush in at every crevice to supply combustion and the waste which the outlets will occasion.

Furnaces to warm such establishments should be placed in the basement of the building so that the heat can ascend directly to the apartments above ; the air chambers should be capacious, and the passages large so that the current can be free, and a large volume of air be forced into the apartments heated not many degrees above the temperature at which they should be kept, so that the whole air may be

frequently changed, and the foul air be forced out at the ventilating passages.

In all cases external air should be used. If the cellar be sufficiently large to afford a supply, the air is always contaminated with vegetable odors, or other offensive effluvia, which is a sufficient objection to its use; besides this, the air of a cellar, when in any way removed, must always be supplied from without. Many attempts to warm buildings in this way, have failed for want of attention to this important circumstance. It requires a great quantity of air to warm so extensive an establishment as a Hospital, or so large a room as a church; if the cellar be as large as the building itself, the air cannot be removed from it to any great extent, unless the means of supplying the deficiency are amply provided; for one given quantity of air cannot be removed without another be at hand to supply its place. If, therefore, a cellar is to be relied upon to supply air for a furnace, it is obvious that it must be many times as large as all the apartments to be heated.

In the construction of such furnaces, the principal design should be to keep up a constant and regular influx of warm, pure air, in such abundance, as to change the whole atmosphere of the apartments, frequently. In this way the currents are made to be outward, not only through the ventilating passages, or flues, but also through every crevice which admits air into the room.

The currents from the crevices being small, are met at their threshold by an ample supply of warm air, which, if it does not force it back, will warm it, and thus render it inoffensive. In rooms heated in this manner, the temperature will be équable and well diffused, so that at the windows and by the walls, it will be comfortable even in cold weather; this will not be true of any other mode of warming.

For the purpose of ventilation, the flues for the escape of the contaminated air must be in due proportion to the apertures admitting fresh air from without; if too small, the escape of foul air will be retarded; if too large, the temperature of the rooms will be too much reduced, or the consumption of fuel be greater than is necessary. As on one hand we cannot derive air from a source which does not contain an abundant supply, so on the other, we cannot force any considerable current of air into a room already full of air that has no outlet; as well may we attempt to force water into a vessel that is already full.

The furnaces we use and most approve in this Hospital, are constructed by an ingenious mechanic in this village, one of which is

sufficient to warm fifty apartments in three stories, and the long halls connected with them ; the quantity of fuel which these consume in a day is one quarter of a cord of good wood during the cold season. In the Hospital, we prefer wood to coal for many reasons, particularly as it is here much cheaper. The preparation of wood for the fire, sawing, cutting, splitting, piling and carrying to the various departments, makes a great deal of valuable labor for our people, of which they are fond, and which they volunteer to perform. All the labor upon coal is disagreeable and forbidding. There are other reasons not less important for preferring wood to coal. If it be found that the temperature of the rooms is too low, a small quantity of dry wood will make a fire that will raise it immediately without making it too great in the end ; whereas, if coal be added to the fire under such circumstances, the temperature will continue to diminish for some time ; and, when the whole becomes ignited, the fire will be too great, and the apartments become too warm.

I have made these remarks on the subject because I believe that some misapprehension exists as to the utility of furnaces in warming large establishments, and because I have the fullest conviction, arising from much experience and observation, that no other mode of warming or ventilating Hospital buildings should be adopted in any case, or that they can be equally conducive to the health and comfort of the inmates.

The Infirmarys, erected by order of the Government, have been completed in a very satisfactory manner. They are durable structures of *two* stories, each *fifty-one* feet in length and *eighteen* feet in width, occupying the entire space between the lateral wings and the lodges on one side, and the wash-room on the other.

The buildings are of brick and the roof of slate, which makes them nearly fire-proof ; the apartments are spacious, well warmed and ventilated, and so secure as to render them as safe from escape as any part of the Hospital. They have been fitted up in a neat and comfortable manner, and are now ready for the sick.

It is a source of great satisfaction that we now have departments out of the halls, for the sick, where they can be quiet and undisturbed, and receive all the aid that any private boarding-house can afford. In case of an epidemic or infectious disease, the inmates of the wings may be preserved free from danger by the timely removal of all the infected. The basement rooms are useful for the storage of wood or vegetables, and contain the furnaces used for warming the apartments above.

Ever since the opening of the Hospital we have been impressed with the utility of reading for the better classes of our patients. The Bible and New Testament have been given to them freely and unreservedly; newspapers and periodicals are greatly sought after, and extensively circulated throughout the establishment. From the Worcester County Bible Society, we have received two very liberal donations of Bibles and Testaments which lay us under the deepest obligations to that excellent Association. From Alfred D. Foster, Esq., Bezaleel Taft, Esq., John Tappan, Esq., Samuel Jennison, Esq., and Miss Emily Gardner, we have received valuable contributions of books which have furnished much useful and interesting reading for our people. In the month of July, a Miss Harland, of Philadelphia, visited the Hospital, and attended the religious worship of our Chapel on the Sabbath; she expressed herself greatly pleased, and on leaving, placed *ten* dollars in my hand, with which she requested me to purchase a judicious list of books, designated by herself. Soon after this, our esteemed friend and fellow-laborer, Wm. M. Awl, M. D., Superintendent of the Ohio Lunatic Asylum, while on a visit to the Hospital, also contributed *ten* dollars for the same benevolent design. For two successive years, the Trustees appropriated *twenty-five* dollars to purchase suitable books. By these means we have been able to furnish much valuable reading for our family, which has relieved many tedious hours of seclusion and confinement.

It is now more than a year since we commenced having religious worship in our chapel. During that time, with very few exceptions, we have had *two* regular meetings on each Sabbath; more than *one hundred* sermons have been preached to our congregation by about *thirty* clergymen of different denominations. At the present time we have a regular chaplain. We have a choir of singers, who perform very acceptably every Sabbath; in the course of the season, from *thirty* to *forty* patients have belonged to this choir, on some occasions the music has been led by a patient; we have never less than *two*, and generally *three* or *four* musical instruments in our choir.

It was our design at the commencement of religious worship for the insane, to give our chapel all the solemnity of a church dedicated to Almighty God, and to our religious exercises, all the dignity and character of other religious assemblies; for this purpose we employed a regular preacher, assembled a choir of singers, and adopted the same hours of meeting, that are customary in the New England churches.

We soon found, that to carry out our plans to perfection in this im-

portant part of moral management, we must have the aid and assistance of every person employed in the Hospital. If individuals chose to attend church elsewhere, it was proof to the minds of our patients that other places were preferred, and of course supposed better. This, to many, seemed at first too arbitrary. Almost every person employed at the Hospital had attended some one of the churches in the village, paid his taxes and owned or rented a seat for which he had paid or was obligated to pay. After much deliberation it was resolved to take a decided stand and make a regulation, that every officer of the institution must attend worship in the chapel, on the Sabbath, and nowhere else. The example was set by my own family, my Assistant, the Steward and Matron. With an unanimity and disinterested zeal worthy of all commendation, did our whole family come into the measure, and have persevered, without a desire of change to this time; to this most benevolent and necessary action of our whole body of attendants and assistants, we are greatly indebted for the perfection and beauty with which this part of our plan of management has been accomplished.

The number of patients that have been in the Hospital, since the chapel was dedicated, is *three hundred and seventy-six*, of which number, *three hundred and fourteen* have attended religious worship. Of the *one hundred and seventy-seven* that have been admitted during the last year, *one hundred and forty-four* have been in the chapel more or less.

The number that assemble on each Sabbath varies from *one hundred and twenty* to *one hundred and forty*, making, with our family, a congregation of from *one hundred and seventy-five* to *two hundred*.

The order and decorum of these meetings has been to all who have witnessed them no less gratifying than surprising; the patients have, almost without exception, felt the importance of quiet and order.

The power of self-control, which many excited patients have exercised in the chapel, during the hour of worship, a control which no motive could induce them to exercise elsewhere, is itself a most forcible argument in favor of religious worship for the insane.

Many interesting examples might be given of the restraint which these occasions have imposed, which exhibit, in a strong light, the influence which our institutions of religion have upon the character of our citizens even when insane.

On the evening previous to the dedication of the chapel, a patient was brought to the Hospital, who had been quite furious and excited for a considerable time; he was so much fatigued by his journey, that

he went immediately to bed, and we hoped would be quiet and rest well through the night ; after midnight he arose in great alarm, rushed to his window and broke the glass as rapidly as possible. The disturbance which he made, aroused me and others, and we were immediately in his room ; he was exceedingly agitated and declared that enemies were breaking into his room and he was fighting them off. He was placed in a strong room and suffered to remain till morning. When I visited him in the morning, he was composed and peaceable ; having learned that we were to have a public meeting in the chapel, he proposed to attend. I expressed some fears that he would not be able to control himself ; but upon receiving his pledge, consented that he might attend. During the service he was perfectly quiet and conducted with the utmost propriety ; the next day he again broke his window on the same pretence. He continued considerably excited for some time after, but attended chapel every Sabbath and conducted with the utmost propriety. He recovered favorably and was discharged in less than three months.

Sometime in the Spring, a female patient came into the Hospital in the highest state of excitement ; she disturbed the whole establishment for *three or four* days and nights previous to the Sabbath. On Sabbath morning she appeared more composed, but far from being quiet ; when I visited the hall in which she was confined, she approached me very respectfully and asked if she could attend meeting. I told her our rules were very rigid and I was afraid she could not observe them strictly ; she inquired what they were, and was told that she must sit still, be quiet and attend strictly to the preacher ; she promised to do all and was permitted to attend. She was still till the choir began to sing, when she struck up loudly, but not discordantly with the choir ; she was gently checked by the attendant who sat beside her and requested not to sing ; she replied in a whisper, "That was not in the pledge to the Doctor." She however, concluded to desist.

After the service was over, she complained bitterly that she was not permitted to sing unmolested, and declared that if she went in the afternoon she would sing at any rate. I was informed of her determination and sent word to her, that as she was not accustomed to sing with our choir she must defer it till she had some opportunity to practise with them, when we should be very glad of her assistance. She hesitated a minute, and then said, "give me a cracker, with the aid of that I think I can stop my mouth and keep still." The cracker was given her ; during the singing she used her cracker, and went through the

service perfectly well, and, although often much excited, she has always conducted with propriety in the chapel.

Within a few days a man came into the Hospital in the state of most furious mania. He arrived in the evening, passed a disturbed night and was greatly excited the following day. The next night he was more calm, and was removed to a more comfortable apartment than he had previously occupied. This was on Friday morning. When I entered the hall in which was his apartment, to make my morning visit, I found him in great excitement, having just broken every thing within his reach, and exhibiting the greatest violence. When the attendant went to his room he made a desperate attack upon him, tried to strike, kick and bite all who assisted in holding and securing him with proper confinement. He soon became more calm, and the remainder of the day and the next he was composed and quiet, and promised that he would scrupulously observe every direction that I should give him.

The next day, being the Sabbath, I found him in bed, calm and quiet; he expressed a desire to attend religious worship in the chapel, on receiving his pledge he was permitted to attend. He conducted with the utmost propriety, and although yet quite insane has attended regularly each chapel exercise since, and has appeared as well as it is possible for any man whatever to appear.

On the same day that the last named patient came into the Hospital, another man equally violent and insane was also admitted. He was not as manageable at first as the patient last mentioned, but tore his clothes and refused in any way to be covered. During the whole of the Sabbath he was naked in his cell, and wholly destitute of self-command and self-respect.

In the course of the next week he became more composed, consented to wear his clothes, and was removed to a more comfortable apartment. He was pleasant, but quite insane and considerably boisterous. On the Sabbath, which was the last, he proposed to attend chapel; on his conforming to the rule, consent was given that he might attend. He went during the day, was greatly delighted with the meeting, and has since changed in the most favorable manner; he appears at this time to be rapidly recovering.

Sometime in the winter, a young woman was brought to the Hospital, whose mind appeared perfectly demented; she talked incessantly in the day time and most of the night, and there appeared to be no amendment in the case for a long time. One Sabbath morning while

talking in her indistinct and rapid manner as usual, I proposed to her to attend chapel more to see what influence the proposition would have upon her mind than from any expectation that she would consent to go or would command herself if she went. She expressed a desire to attend, and was permitted ; she was perfectly silent and quiet for the hour, made not the least disturbance and returned regularly to her room ; no sooner had she done so than she commenced talking again and continued it till the hour of service in the afternoon. She again attended in the same orderly manner and continued to do so for weeks although the same disposition to talk remained. She ultimately recovered, and the first motive which was effectual to excite self-control, was the desire and determination not to disturb the religious exercises of the Sabbath. *The benefit of one hour of self-control in such a case, from such a cause is incalculable.* It is needless to add cases. If a stranger was to visit our congregation in the chapel, he would at first discover little worthy of observation ; he would find from *one hundred and fifty* to *two hundred* people assembled together, quietly seated, neatly dressed, resembling in all respects an ordinary congregation.

If, however, he was told that here from *eight* to *ten* homicides were mingled with the others, and *four* times as many other individuals who, in their moments of excitement, had violated the public peace or trampled on private rights when wholly irresponsible ; that on his right hand sat the "owner" of all things whose self-complacency will not be likely to be disturbed by any animadversions which may be made upon the character of the "true God ;" that by him sits the poet and commentator who swallows every word that is uttered from the desk, and returns to write commentaries on the text which shall, at some future day, fill his purse with riches and the world with "celestial light ;" that here may be found "the King of England, the King of Heaven, the heir apparent to the throne of Prussia," and the "Prophet over Albany, who speaks from Jehovah," and who daily expects the "Patroon" to send him a coach with black horses, to carry him to his friends ; that here is also the military chieftain, the man of wealth, "the rich poor man and poor rich man," the mother of Christ and innumerable other characters not less consequential ; that here may also be found the laughing idiot, the perpetual jabberer, the gay, the passionate, the depressed, a hundred individuals with the delusions, impulses and propensities of insanity so active as to be constantly obvious in their conduct and conversation elsewhere, now listening with deep solemnity to the exhibitions of divine truth, uniting with apparent

devotion in the fervent prayer, and joining with pleasure in the song of praise,—I say, could all this fail to astonish him? Can an hour, twice on each Sabbath, spent in this way fail to make the most favorable impression on the insane mind?

What may not be expected from one hour of self-control, brought into requisition twice on each Sabbath, independent of the instructions and admonitions from the desk?

The more I contemplate this subject, and the more I witness this influence, the greater is my estimate of good from our chapel exercises.

There is no community that observes the Sabbath more strictly than that of the Hospital; no labor is done but what is work of necessity or mercy. Amusements are all laid aside, and the Bible, religious publications, sermons and other appropriate books are very generally read on the Sabbath, before and after worship, by the quiet and sober part of our family.

It has ever been our plan to bring the insane mind under the influence of rational motives as far as possible. We discourage as far as practicable every departure from the customs and habits of rational society; we acquiesce in the general desire to keep the Sabbath as holy time, and discountenance both labor and amusement as incompatible with the solemn contemplations and religious duties of the day.

That the influence of regular religious worship should be well understood and duly appreciated, individuals of all classes of the insane have been permitted to attend our religious exercises, who would give a pledge to observe suitable quiet and order in the place, and it has been truly interesting and curious to see how faithfully the pledge has been observed.

The religious melancholic has in no case been deprived of the privilege of attending worship when desired, and we have learned a fact no less interesting than important, that the same judicious discourse and religious exercise will calm the excited, awaken serious contemplation in the giddy and unreflecting mind, and at the same time inspire confidence and awaken hope in the depressed and melancholy. Very few, if any, have been unfavorably affected by the exposition of religious truth in the judicious but forcible manner in which it has usually been given in our chapel. All our former views on this subject have been more than realized by this year's experience of religious worship. The principles of Christianity are eminently calculated to excite rational contemplation, calm the perturbed feelings, and encourage the faithless and desponding in the way of duty.

In the condition of composure, a motive of self-control can generally be found to influence the insane ; he can be thrown upon his responsibility and be made to feel that he is accountable for his conduct as well as others ; and, even when he is excited and agitated by the illusions and impulses of his disease, who can say, that the fervent devotion of his soul poured out in prayer to his Heavenly Father, may not be heard with complacency, and accepted with approbation at the Throne of Grace ?

It will be seen, by our augmented numbers, as well as by the extent of our operations in the various departments of industry, that the duties and labors of the Hospital have increased every year since its establishment. No small item of responsibility and care has been added by the introduction of *religious worship* on the Sabbath.

While this report is being written we have more patients in the institution than there are rooms for their accommodation. In the course of the last year a number of patients have been discharged for want of room and more than *ninety* applications have been rejected from the same cause. Such a crowded state of the Hospital is attended with much embarrassment when the press of patients from the courts is as great as it has recently been.

In the supervision of the establishment, I have derived every aid from my associates which it has been in their power to render ; and I take great pleasure in bearing testimony to the fidelity of all who have had a duty to perform in any department.

The success which has hitherto attended our efforts in the management of the institution, prompts us to continue our exertions to sustain its reputation and render it still worthy of the patronage of the government and the confidence of the public.

SAMUEL B. WOODWARD.

State Lunatic Hospital, December, 1838.

TREASURER'S REPORT.

To His Excellency EDWARD EVERETT, Governor, and to the Honorable Executive Council of the Commonwealth of Massachusetts:

The Treasurer of the State Lunatic Hospital respectfully presents his Sixth Annual Report.

The Treasurer charges himself with Receipts from December 1, 1837, to November 30, 1838, inclusive, as follows:

From the State Treasury, - - - - -	\$8,000 00
From cities, towns and individuals, including	
credits on sundry bills for flour barrels,	
grease, ashes, old iron, &c. - - - - -	21,550 74
Balance to next account, - - - - -	530 01

	\$30,080 75

He credits himself as follows:

For balance of last account, - - - - -	1341 35
" payments for improvements and repairs, 1108 98	
" " salaries, wages and labor, 6513 29	
" " furniture and bedding, - 1712 28	
" " clothes, linen, &c. - 2006 29	
" " fuel and lights, - - 2692 41	
" " provisions and groceries, 12,760 57	
" " medical supplies, - 718 00	
" " hay and straw, - - 340 59	
" " miscellaneous, - - 886 99	

	30,080 75

Deducting the balance of last account, the cost of supporting the institution is - - - - - \$28,739 40

The item of clothing, linen, &c. includes the cost of most of the stock for the shoe shop, which has been put in operation since the last report.

STATE LUNATIC HOSPITAL.

83

The payments for Salaries, Wages and Labor are distributed as in the following Table. The Gratuities mentioned are given, by authority of the Trustees, as a bounty upon fidelity and long service. The Table embraces the names of all who, within the year, were regularly employed in the Hospital, and paid by the Treasurer. Some were there but a short time, as the amount paid them shows. Those not in the employ of the institution on the first of December, are so designated and are marked with an asterisk.

NAMES.	SERVICE.	COMPENSATION.	AMT. PAID.	REMARKS.
*Betsey Ewell,	-	-	\$6 50	Not now employed.
*Mary A. Conkey, -	-	-	54 13	\$5 Gratuity. Not now employed.
*Daniel G. Blackmer, {	-	Board and \$1 25 per week.		
*Mrs. Blackmer, {	-	16 00 per month, {		
*Jonathan L. Preston,	-	2 00 per week, {		
*Eli D. Bond,	-	15 00 per month, {		
*Jane M. Howe,	-	250 00 per year, {		
*Julia L. Drury,	-	2 00 per week, {		
*James Bliss,	-	1 25 per week, {		
Samuel Colby, {	-	14 00 per month, {		
Mrs. Colby, {	-	14 00 per month, {		
Samuel Rice, {	-	do	359 50	\$8 Gratuity.
Mrs. Rice, {	-	do	do	\$5 do
Hannah W. Holman,	-	350 00 per annum,		
*Elizabeth Anderson,	-	do	358 42	\$8 do
William Conkey, {	-	2 00 per week, {		
Mrs. Conkey, {	-	2 00 per week, {		
Seraphina Chaffin,	-	15 00 per month, {		
*Susan G. Smith,	-	2 00 per week, {		
Catherine Raynes,	-	2 00 per week, {		
*Ira Prouty, -	-	2 00 per week, {		
John T. Mirick, {	-	2 00 per week, {		
Mrs. Mirick, {	-	15 00 per month, {		
	-	2 00 per week, {		
	-	do	270 68	\$8 Gratuity.

STATE LUNATIC HOSPITAL.

TREASURER'S REPORT—I—Continued.

NAMES.	SERVICE.	COMPENSATION.	AMT. PAID.	REMARKS.
James B. Billings, { Mrs. Billings, }	Attendant, { do }	Board and \$15 00 per month, { do 2 00 per week, }	\$258 14	\$8 Gratuity.
*George Sessions, -	do	do 15 00 per month,	156 17	\$8 Gratuity. Not now employed.
Mary May, -	do	do 1 50 per week,	77 42	do
Eunice Drury, -	Chambermaid, Housekeeper,	do 3 00 per week,	151 79	\$5 do
Betsey Allen, -	Attendant,	do 2 00 per week,	103 84	\$5 do
Harriet N. Howe, -	Table Girl,	do 1 50 per week,	86 03	do
Theoda M. Bartlett, -	Attendant,	do 2 00 per week,	94 58	\$5 do
*Mary Kelly, -	Cook,	do 2 00 per week,	78 44	\$5 do
*Persis Goldthwait, -	Attendant,	do 2 00 per week,	59 92	Not now employed. do
Moore M. Chaffin, { Mrs. Chaffin, }	Farmer, In kitchen, Shoemaker,	do 15 00 per month, { do 2 00 per week, }	282 67	\$8 do
Rufus Hayward, -	Attendant,	do 20 00 per month,	209 82	\$5 do
Samuel Preston, -	do	do 15 00 per month,	169 76	\$8 do
*Mary G. Mirick, -	do	do 2 00 per week,	73 42	Not now employed.
Sarah Jennings, -	do	do 2 00 per week,	109 28	\$5 Gratuity.
*Horace Mirick, -	do	do 14 00 per month,	125 54	Not now employed.
Hannah Baker, -	do	do 2 00 per week,	86 56	Not now employed.
*A. Maria Drury, -	do	do 2 00 per week,	38 88	\$8 Gratuity.
Francis W. Converse, -	In kitchen,	do 15 00 per month,	162 56	\$8 do
Harrison W. Babbitt, -	Attendant,	do 15 00 per month,	186 21	\$8 do
William H. Blackmer, -	do	do 15 00 per month,	183 08	\$8 do
*Aaron Locke, -	Fireman, -	do 10 00 per month,	39 77	Not now employed.
Mehitable Farwell, -	Attendant,	do 2 00 per month,	83 71	
Clarissa Chaffin, -	Seamstress,	do 2 00 per week,	60 56	
Harriet H. Cary, -	Attendant,	do 2 00 per week,	56 56	
William R. Lincoln, -	do	do 14 00 per month,	112 11	

STATE LUNATIC HOSPITAL.

A. D. Foster, Treasurer, \$100 per annum, Labor by those not regularly employed at the Hospital, including payments for supplying the Chapel pulpit,

The receipts from towns and individuals, during the past year, have been larger, and the expenditures less, than the estimates of the last report.

Of the appropriation made by the Legislature at its last session, \$4000 remained in the treasury of the Commonwealth on the first inst. The Treasurer has since received it, and holds the unexpended balance in his hands. The receipts will probably equal those of the past, in the year ensuing; but, with the amount on hand, will not be sufficient for the expenditures. The Treasurer would propose that an appropriation of \$8000 should be made this year as in the two last years.

A. D. FOSTER,

Treasurer of the State Lunatic Hospital.

WORCESTER, Dec. 1838.